

HAZELNUT MARKETING BOARD  
 21595-A Dolores Way NE  
 Aurora, OR 97002-9738  
 Tel: (503) 678-6823  
 Fax: (503) 678-6825

### STATEMENT OF EXPENSE

If you have no expense, please so state, sign and return this form.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Expenses incurred attending \_\_\_\_\_

Miles \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Expenses incurred attending \_\_\_\_\_

Miles \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Expenses incurred attending \_\_\_\_\_

Miles \_\_\_\_\_ @ \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Miscellaneous expenses (please itemize below) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
 Signature

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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**F/H Form H (Rev. 5/2017) Destroy previous editions.**