

2023 Expense Reimbursement Claim

Name & Address

1. MILEAGE & TRANSPORTATION EXPENSE

Charge to:

(Totals from attached report)

a. Personal auto business miles _____

reimbursement rate of \$0.655 per mile

_____ \$ _____

b. Parking fees, tolls, local fares

_____ \$ _____

c. Other

_____ \$ _____

TOTAL MILEAGE & TRANSPORTATION EXPENSE**\$ _____****2. TRAVEL EXPENSES (away from home 50 miles and overnight)**

a. Fares (air, train, bus)

_____ \$ _____

b. Lodging

_____ \$ _____

c. Meals

_____ \$ _____

d. Car Rental, taxi, bus, etc.

_____ \$ _____

e. Telephone, fax, postage

_____ \$ _____

f. Tips

_____ \$ _____

TOTAL TRAVEL EXPENSES**\$ _____****OTHER EXPENSES - (Receipts must be attached over \$25)**

a. Continuing education, seminar, conference fees

_____ \$ _____

b. Books and publications

_____ \$ _____

c. Postage

_____ \$ _____

d. Supplies

_____ \$ _____

e. Entertainment

_____ \$ _____

f. Business Telephone

_____ \$ _____

g. Miscellaneous

_____ \$ _____

TOTAL OTHER EXPENSES**\$ _____****TOTAL EXPENSES****\$ _____**

I certify that the expenses reported above are business expenses (directly attributed to Diocesan Business.)

Signature _____ Date Submitted: _____

Approved by: _____

NOTE: No expenses over 60 days old will be reimbursed.