

**Anglican Diocese of South Carolina
2024 Expense Reimbursement Claim**

Name _____
 Address _____

1. MILEAGE & TRANSPORTATION EXPENSE

(Totals from attached report; include Google Maps printout showing trip to/from.)

	<u>Charge to:</u>	<u>Amount</u>
a. Personal auto business miles: _____ 2024 reimbursement rate of \$0.67 per mile	_____	\$ _____
b. Parking fees, tolls, local fares	_____	\$ _____
c. Other _____	_____	\$ _____
TOTAL MILEAGE & TRANSPORTATION EXPENSE		\$ _____

2. TRAVEL EXPENSES (must be minimum of 50 miles from home/work and include overnight stay to qualify)

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	\$ _____
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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 .

Mileage & Transportation Expense Report

NAME _____

Date	Locaton To/From	Purpose of Travel	Toll/Parking Other Auto Expenses	Miles
TOTAL				

Travel, entertainment & Miscellaneous Expenses

Date	Describe Expense	For Travel (Where & Why)	For Entertainment (Where & Why)	Amount
TOTAL				