

**Anglican Diocese of South Carolina  
2026 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: _____ 2025 reimbursement rate of \$0.725 per mile	_____ _____	\$ _____ \$ _____
b. Parking fees, tolls, local fares _____	_____	\$ _____
c. Other _____	_____	\$ _____
<b>TOTAL MILEAGE &amp; TRANSPORTATION EXPENSE</b>		<b>\$ _____</b>

**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 _____	_____	\$ _____
<b>TOTAL TRAVEL EXPENSES</b>		<b>\$ _____</b>

**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 _____	_____	\$ _____
<b>TOTAL OTHER EXPENSES</b>		<b>\$ _____</b>

**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 .**

## Mileage & Transportation Expense Report

NAME \_\_\_\_\_

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

## Travel, entertainment & Miscellaneous Expenses

Date	Describe Expense	For Travel (Where & Why)	For Entertainment (Where & Why)	Amount
<b>TOTAL</b>				