



EXPENSE REIMBURSEMENT

A. EMPLOYEE AND TRAVEL INFORMATION

Employee Name	Department	Managers Name
Business Purpose		Manager's Pre-Approval

B. EXPENSE DETAILS

Date ✦	Description	Miles traveled (from church)	Mileage ✦ reimbursement (@\$0.725/mile)	Other Expenses (>\$25-incl receipt)	TOTAL
Total Reimbursement Requested					

✦ Must be within thirty (30) days of Expense Date

✦ Archdiocese employees only

Employee Signature	Date	Authorizer's Signature	Date

Bookkeeping Received	Date	Reimbursement Completed	Date