

Diocese of Lexington  
 1310 West Main Street  
 Lexington, Kentucky 40508

**Mission Cooperative Appeal**

**TRAVEL EXPENSE REPORT**

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **Dates of Travel:** \_\_\_\_\_  
 \_\_\_\_\_ **Location:** \_\_\_\_\_  
 \_\_\_\_\_

<b>DATE EXPENSE INCURRED:</b>	/ /	/ /	/ /	/ /	/ /	/ /	<b>TOTAL</b>
<b>TRANSPORTATION:</b> Air, Rail, Bus							-
Car Rental							-
Mileage (# of miles)							
\$0.54 per mile as of 7/1/16 Mileage Cost							-
Parking & Tolls							-
(taxis, subway, etc.) Misc. Transportation							-
<b>LODGING:</b> Hotel Room Costs							-
<b>MEALS:</b> Breakfast							-
Lunch							-
Dinner							-
<b>MISCELLANEOUS:</b>							-
Other (explain on reverse)							-
							-
<b>TOTAL EXPENSES:</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Amount Due to Speaker \$ -

**Note:** To obtain reimbursement for expenses, original receipts are required for all expenses regardless of the amount.  
 Copies of Electronic airline tickets are accepted.

**Signature Authorizations:**

\_\_\_\_\_  
 Speaker's Signature

\_\_\_\_\_  
 Date