

ROMAN CATHOLIC DIOCESE OF PORTLAND

DEPARTMENT: _____

EMPLOYEE: _____

**EXPENSE REIMBURSEMENT
ITEMIZED STATEMENT OF EXPENDITURES**

DATE	EXPLANATION - DETAIL OF EXPENSES				TRANSPORTATION			ROAD	LODGING	MEALS/TIPS	MISC	TOTAL
	From	TO	RETURN	Business Purpose of Trip or Explanation of Expense	Mileage rate: 0.58			TOLLS				
					MILES	AMOUNT	OTHER					
											Total	

Employee Signature: _____

Date: _____

Approval: _____

<u>Acct Number</u>	<u>Acct Description</u>	<u>Amount</u>
	Mileage	
	Travel Other	
	Misc. Expense	
	TOTAL	<input type="text"/>