

Diocese of South Carolina
Expense Reimbursement Claim

Name & Address

1. MILEAGE & TRANSPORTATION EXPENSE

Charge to:

(Totals from attached report)

- a. Personal auto business miles _____
x reimbursement rate of \$0.58.5 per mile
- b. Parking fees, tolls, local fares
- c. Other

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MILEAGE & TRANSPORTATION EXPENSE**\$ _____****2. TRAVEL EXPENSES (away from home 50 miles and overnight)**

- 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****\$ _____**

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 .