

ROMAN CATHOLIC DIOCESE OF PORTLAND

DEPARTMENT: \_\_\_\_\_

EMPLOYEE: \_\_\_\_\_

EXPENSE REIMBURSEMENT  
ITEMIZED STATEMENT OF EXPENDITURES

DATE	EXPLANATION - DETAIL OF EXPENSES				TRANSPORTATION			ROAD					
	From	TO	RETURN	Business Purpose of Trip or Explanation of Expense	Mileage rate: 0.545			TOLLS	LODGING	MEALS/TIPS	MISC	TOTAL	
					MILES	AMOUNT	OTHER						
											Total		

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

<i>Acct Number</i>	<i>Acct Description</i>	<i>Amount</i>
	Mileage	
	Travel Other	
	Misc. Expense	
TOTAL		