

## Mileage and Meal Expense Report

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

Date	Travel To:	Travel From:	# of Miles	Meals*	Purpose
		Total Number of Miles			
		Rate Per Mile	.560		
		Amount to be Reimbursed for Miles			
		Amount to be Reimbursed for Meals*			

**Grand Total**

**\*Receipts for meals should indicate who attended and purpose.**

The above expenditures represent cash spent for Archdiocesan purposes only and do not include items of a personal nature.

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

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

Accounting Department

Address: \_\_\_\_\_

Charge to Dept. #: \_\_\_\_\_

Reviewed: \_\_\_\_\_

Check #: \_\_\_\_\_

Account #: 8200

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