Parish: _____

Mileage and Meal Expense Report - January 1, 2026 - December 31, 2026

Employee Name: _____ **Date:** _____

Date	Travel To:	Travel From:	# of Miles	Meals*	Purpose

		Total Number of Miles	0		
		Rate Per Mile	$0.725		
	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/Parish purposes only and do not include items of a personal nature.

Signature: _____ Approval: _____

Reviewed: _____

Address: _____ Charge to Dept. #: _____ Check #: _____

_____ Account #: _____ Date: _____