ROMAN CATHOLIC DIOCESE OF PORTLAND

DEPARTMENT: _____

EMPLOYEE: _____

EXPENSE REIMBURSEMENT
ITEMIZED STATEMENT OF EXPENDITURES

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

Acct Number	*Acct Descrption*	*Amount*
	Mileage	
	Travel Other	
	Misc. Expense	
	TOTAL	

Employee Signature: _____

Date: _____

Approval: _____