



EXPENSE REIMBURSEMENT REQUEST

Please issue a check to the following individual or organization for the reasons explained below:

Amount	\$
Payable to: (name)	
Mailing Address:	
City, State ZIP	

Itemized description of goods received, services performed, or expenses incurred (attach supporting receipts or documentation):

Date	Amount	Brief Description

Mileage				
Date	From	To	Total	Purpose of Trip

Total Miles = 0.00 *Effective 01/01/2024*

Miles Driven at \$0.670/mile = 0.00

To calculate the information entered above, right click in the total column and select Update Field for Total Miles and Miles Driven at \$0.670/mile

Signatures

Requested by:	Authorized by:
Date:	Date:

Complete this form, save it to your computer, print it, and mail it along with the required receipts attached to:
The Diocese of West Missouri, Attn: Accounts Payable, 420 West 14th Street, Kansas City MO 64105