



— The **Diocese of** —  
**West Missouri**

## 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 01/01/2025*

**Miles Driven at \$0.70/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 \$0.70/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 14<sup>th</sup> Street, Kansas City MO 64105