

**Diocese of Saginaw
 Mileage Reimbursement Form
 Page 1 of 2**

Name: _____

Mileage Reimbursement Details

Date	(A) Beginning Mileage	(B) Ending Mileage	(C=B-A) Total Miles	(D) Personal Miles	(C-D) Reimbursable Business Miles
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Employee Signature
Date Submitted: _____

Total Reimbursable Business Miles	
<input type="checkbox"/> Current Mileage Rate	
Total Reimbursable Expense Amount \$\$	

**Diocese of Saginaw
Mileage Reimbursement Form
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Name: _____

Mileage Reimbursement Descriptions

****Confidential: FILE Accordingly**

Date	Destination (From / To)	Purpose
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Employee Signature

Date Submitted: _____

**Diocese of Saginaw
Expense Reimbursement Form**

Name: _____

Meals or Food:

Date	Diocesan Business Food Receipt From	Persons Attending for Business/Diocese Purposes	Business/Diocese Purpose	Reimbursable Portion of Expense*
Total Meal Reimbursement				

Non-Food Reimbursement:

Date	Receipt From	Goods or Services Received	Business Purpose	Reimbursable Portion of Expense
Total Non-Food Reimbursement				

Total Reimbursement

*All restaurant/entertainment expenses submitted for reimbursement must have receipts attached with details of all items served/purchased. Please note, expenditures should reflect a clear business/diocese purpose. The Diocese will not reimburse for alcohol related purchases. The Diocese will reimburse up to 20% for tips. Please contact the Diocesan Finance Department for clarifications.

Employee Signature _____ Date Submitted: _____