AND EXPENSE REPORT	sse of the Central Gulf Coast
TRAVEL AN	he Diocese of

Fraveler Name:	 _Trip Dates: (M/D/Y) From:	To:
Street Address:	 _Trip Locations:	
City, State, Zip:	 _Trip Purpose:	
Prefered Email:		

Please report all expenses in U.S. Dollars											
	Meals			Lodging	Transportation Expenses			Miscellaneous			
Date (M/D/Y)	Traveler's Breakfast	Traveler's Lunch		Entertainment <sup>3</sup>	Lodging (room and taxes only)	Airfare / Train / Bus <sup>1,3</sup>	Local (e.g., taxi; auto rental 1)	Personal Vehicle (plus tolls & parking) <sup>2</sup>	Tel/Fax/ Internet	Tips	Other <sup>3</sup>
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

#### SUMMARY EXPENSES

Less DIOCESE paid (e.g., via A & I Travel)

Reimbursement due Traveler (or to DFMS)

# SICMATUDES

SUMMAKY	EXPE	NSES				SIGNATURES	
Category		Account Number	To	otal	Controller's Office Only	Traveler:	Date:
Meals	-	- 8232 -	\$	-			
Lodging	-	- 8233 -	\$	-		Reviewed by:	Date:
Travel	-	- 8231 -	\$	-			
Misc.	-	- 8234 -	\$	-		Processed:	Date:
Total Expens	ses		\$	-		Check #:	Date:
Less Advance received				<sup>1</sup> Ticket, original receipts and/or aut	o rental approval letter must be attached		

Please read instructions on last page and the reimbursement guidelines posted online at:

 $<sup>^2</sup>$  \$0.575 per mile plus tolls and parking (please itemize on reverse)

<sup>&</sup>lt;sup>3</sup> Please itemize on reverse

Entertainme	nt (approved in advance)				
Date	Place of Entertainme	ent Cost	Names of Individuals Er	ntertained	Business Purpose
[					
Misc. Expens	ses	I		l	
Date	Place	Cost	Names		Business Purpose
		<u> </u>			
Auto Rental .	Expenses (attach authorization	on letter) and Miscellaneou	as Expenses (specify)		
Date	Amount	Description	Date	Amount	Description
Personal Aus	tomobile Use (Reimbursed at	\$0.575 per mile: gasoline is	not raimhurcahla)		
		Miles		tad	Comments
Date	From/To City	Miles	Persons Transpor	ted	Comments

Please type or print clearly. Please securely attach receipts (with tape) to blank sheets of 8 1/2 by 11 paper (using both sides is fine).

Expenses can be reimbursed by submitting a properly completed and approved Travel & Expense Report form. This Form must be accompanied by *original receipts or stubs for all expenditures other than tips*. The completed form should be forwarded to the Diocesan Office for approval and within 30 calendar days following each trip.

If the U.S. dollar amounts stated on the Form are derived after converting from a foreign currency, please include a copy of the source document used for conversion. This document should clearly show the rate or conversion factor that was used in the computations. We suggest using the converter available at <a href="http://www.oanda.com/convert/fxhistory">http://www.oanda.com/convert/fxhistory</a>.

## Expenses that are generally subject to reimbursement

The following are usually accepted for reimbursement: transportation, lodging, meals, and certain miscellaneous expenses. Diocesan Guidelines area available from the Diocesan Ofice. DFMS Guidelines for Official Travel available at <a href="http://www.episcopalchurch.org/finance">http://www.episcopalchurch.org/finance</a> 17451 ENG HTM.htm

#### Expenses that are not subject to reimbursement

Any expenses not specifically addressed in the Guidelines as reimbursable must have prior written explanation and approval. Non-reimbursable expenses include but are not limited to the following: Spouse's travel expenses; dependent care; pet care; supply clergy to substitute for clergy on official business; lost pay; use of frequent-flyer miles; additional travel insurance; luggage purchase or replacement; unofficial (personal) entertainment; in-room movies; barber and beauty services; newspapers and magazines; sightseeing; medical services; motor vehicle fines; "no show" charges for hotels, car rental and limousines; charge card late fees and expenses; alcoholic beverages.

### **Submitting a Request for Reimbursement**

Receipts should be attached (taped or stapled) to blank sheets of letter sized paper, and properly spaced so that all the numbers on each receipt are clearly identifiable. These blank sheets should then be attached to the T & E form. We request that you not bunch receipts one behind the other.

Please direct all requests for reimbursement to the Diocesan Administrator.