

HOLY SPIRIT CHURCH & MARQUETTE CATHOLIC SCHOOL EMPLOYEE OR VOLUNTEER EXPENSE REIMBURSEMENT

EXPENSES

Date of Expense	Vendor	Holy Spirit or Marquette	Purpose	Total
				\$
			Total Expenses	\$

MILEAGE

Date of Trip	Miles Driven	Holy Spirit or Marquette	Location & Purpose	Total
				\$
			Total Mileage	\$

Current govt. mileage rate is .58/mile

Total to be Reimbursed \$ _____

***** All requests must be accompanied by receipts(s)**

Signature X _____ Date _____

Printed Name _____

Address _____

Approved by X _____ Date _____