



Reimbursement Request Form

Reimbursable expenses must be approved by initiative leader.
 This form must be accompanied by all invoices/receipts. Please refer to
 ACNA West expense reimbursement policy for guidelines.

Date: _____ Payee Name: _____
 Phone: _____ Address: _____
 Diocese: _____
 Email: _____
 Initiative: _____ Event: _____

Date	Description/Purpose of Expense	Amount

Total Expenses: _____

Mileage Reimbursement

IRS Rate: \$0.67 per mile

Date	Origin	Destination	Miles

Total Mileage (Miles X Rate): _____

Total Reimbursement Amount: _____

Submit this form with receipts to:

ACNA West
 raul@acnawest.org