

**DIOCESE OF THE MIDWEST
TRAVEL EXPENSE VOUCHER**

NAME | _____

ADDRESS | _____

PHONE | _____ EMAIL | _____

DESTINATION | _____

PURPOSE | _____

DATE FROM | __/__/____ TO __/__/____ __/__/____ TO __/__/____
 __/__/____ TO __/__/____ __/__/____ TO __/__/____

TRANSPORTATION

AIR | \$ _____

BUS/RAIL | \$ _____

PERSONAL VEHICLE | _____ MILES @ .____ \$ _____

TAXI/RIDE SERVICE | \$ _____

RENTAL | \$ _____

PARKING | \$ _____

ACCOMMODATIONS

LODGING | \$ _____

MEALS | \$ _____

OTHER

EXPLANATION | _____

| \$ _____

TOTAL AMOUNT | \$ _____

Please note supporting receipts must be attached

CERTIFICATION STATEMENT

I hereby attest that this is a true and accurate claim for expenses incurred as part of my official duties on behalf of the Church and that I have not received payment for these expenses from any other source.

Signature

Date

