The Diocese of New York of the Episcopal Church

*1047 Amsterdam Avenue* ✠ *New York NY 10025-1798*

**Business Expense Reimbursement Request Form — 2017**Use this form for checks to be made out to you.

**Month \_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Expense category—Attach receipts** Enter dollar amount in appropriate column below. | | | |
| **Date** | **Origin / Destination or Purpose of expense** | **Number of miles** | **Other travel** 51400 | **Mtg & Conf.**  51401 | **Office exp.**  51350 | **Other** |
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|  | **Total of Columns** |  |  |  |  |  |

**Expenses will be charged to your assessment budget lines unless you specify otherwise.**

Your signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel on 1/01/17 \_\_\_\_ miles @ $0.535/mile $

Date Total other travel expenses $

Total meeting & conf. expenses $

**Controller’s office use** Total office expenses $

Approved by Total other (specify account # or name) $

Date  **Total All Expenses $**