

# Mary Queen of Peace Parish Mileage Reimbursement

Requests for mileage reimbursement should include the date, destination, purpose and number of miles for each individual trip. Requests for mileage reimbursements should be made within 30 days of the trip. Mileage is measured from the driver's point of departure to the destination. The point of departure is defined as either the driver's origination point or the parish, whichever is closer to the destination point. Reimbursement will not be made for gasoline purchases or car rental fees. Only mileage will be reimbursed. The Archdiocese mileage reimbursement rate is 75% of the published IRS rate at the time the trip was taken. The current IRS Business Mileage Rate is \$.56.

Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ Mileage: \_\_\_\_\_

Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ Mileage: \_\_\_\_\_

Total Miles: \_\_\_\_\_

<i>IRS Business Mileage Rate \$.56 x 75% = \$.42</i>	_____ x <b>.42</b>
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**Total Reimbursement:** \_\_\_\_\_

Reason for the Trip:

Commission or Budget to be charged:

Trip authorized by:

**Check to be made payable to (Payee):**

Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hold for Pick Up  ~ or ~ Mail  If the check is to be mailed, please note the mailing address above.

**For Office Use Only:**

Check Date:	Check #:
JE Date:	JE Ref Number:

DR Account:	CR Account:
DR Account:	CR Account: