

DIOCESE OF GREAT FALLS-BILLINGS

**ATTENDEE MEETING EXPENSE  
REIMBURSEMENT**

Meeting \_\_\_\_\_

Dept \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PROJECT: \_\_\_\_\_

Automobile: \_\_\_\_\_ X \$ .485<sup>1</sup> \$ \_\_\_\_\_  
Round-trip Miles Cost per Mile

Lodging (per receipts) \_\_\_\_\_

Meals (per receipts) \_\_\_\_\_

Miscellaneous (Please Explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL REIMBURSEMENT REQUEST** \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

<sup>1</sup> "Cost per Mile" varies yearly, and the Diocesan Business Office announces the rate determined by the IRS