

TRAVEL/EXPENSE CLAIM

LAVROCK DIOCESE

NAME: _____ DATE: _____

ADDRESS: _____

EXPENSES:

CAR _____ KMs @ _____ \$ _____

AIRFARE \$ _____

OTHER \$ _____

TOTAL \$ _____

RECEIPTS ATTACHED Yes No

Purpose of travel: _____

FOR OFFICE USE ONLY:

CHEQUE # _____ CHEQUE DATE _____

CHARGE TO ACCOUNT: _____