

**EPISCOPAL DIOCESE OF NEVADA  
MONTHLY EXPENSE REPORT**

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

For Month of: \_\_\_\_\_

Address: \_\_\_\_\_

1. Mileage and transportation expense (*from page 3*)

- a. Personal auto business miles \_\_\_\_\_  
times reimbursement rate of \$0.505 per mile \$ \_\_\_\_\_
- b. Parking fees, tolls, local fares \_\_\_\_\_

TOTAL mileage and transportation expense \$ \_\_\_\_\_

2. Travel expenses more than 50 miles from home and overnight (*from page 2*)

- a. Fares (air, train, bus) \$ \_\_\_\_\_
- b. Meals \_\_\_\_\_
- c. Car rental, taxi, bus, etc. \_\_\_\_\_
- d. Telephone, postage \_\_\_\_\_
- e. Misc. (explain)  \_\_\_\_\_

TOTAL travel expenses \$ \_\_\_\_\_

3. Professional expenses (*Attach receipts with explanation*):

- a. Continuing ed, seminars, conference fees \$ \_\_\_\_\_
- b. Dues \_\_\_\_\_
- c. Supplies \_\_\_\_\_
- d. Entertainment \_\_\_\_\_
- e. Business telephone \_\_\_\_\_
- f. Equipment maintenance \_\_\_\_\_
- g. Vestment cleaning and repair \_\_\_\_\_
- h. Miscellaneous \_\_\_\_\_

TOTAL professional expenses \$ \_\_\_\_\_

TOTAL MONTHLY EXPENSES to be reimbursed \$ \_\_\_\_\_

**\*\*Receipts required for all reimbursements requested above under categories 1.b., 2 and 3 \*\***

I certify that the expenses reported above are business expenses directly attributable to my ministry.

Signature \_\_\_\_\_

Date \_\_\_\_\_



