



DIOCESE OF HELENA REIMBURSEMENT CLAIM FORM

Committee Name: _____

Date of Meeting: _____

Name _____

Address _____

City/State/Zip _____

Signature _____

Date _____

Expense Summary

Motel Expense: _____

Meal Expense: _____

Mileage: _____
(\$0.14 per mile)

OR

Fuel _____
(actual cost)

Enclose actual receipts.

Submit to: _____

(Religious Education Office, Pastoral/Renewal Office, etc.)

POB 1729

Helena, MT 59624

FOR INTERNAL USE ONLY:

Authorization: _____

Date: _____