

_____ PARISH
 DIOCESE OF MARQUETTE
PRIEST ACCOUNTABLE REIMBURSEMENT REPORT
 (effective January 1, 2020)

Name: _____

Period Covered: _____

Date	Destination	Explanation (Purpose & People Involved)	Miles	@ .575 cents	Meals	Hotel and/or Air Travel	Other	Total
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
				0.00				0.00
Grand Total								0.00

Signed: _____

Dated: _____

Note: The expenses included in this report are submitted as a requirement of an accountable reimbursement plan and relate to reimbursable mileage and other expenses incurred in the conduct of the work of a particular parish or a diocesan assignment. Other expenses include moving expenses, annual retreat expenses, continuing education expenses, and physical examination expenses. These expenses are not included in the priests compensation.

Parish Check Number: _____

Date Check Issued: _____