

EPISCOPAL DIOCESE OF EAU CLAIRE WEEKLY EXPENSE REPORT

Name _____

Dept. No. _____

Address _____

Acct. No. _____

City, State, Zip _____

Week Ending _____

Purpose of Expense _____

| Date | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total Expenses |
|----------------------|-----|-----|-----|-----|-----------|----------------|-------------------|----------------|
| Start (City, State) | | | | | | | | |
| Interim Stop | | | | | | | | |
| Finish (City, State) | | | | | | | | |
| Pers Auto Exp.* | | | | | | | | |
| Air/Rail Exp. | | | | | | | | |
| Other Trans.* | | | | | | | | |
| Expense* | | | | | | | | |
| Hotel | | | | | | | | |
| Breakfast | | | | | | | | |
| Lunch | | | | | | | | |
| Dinner | | | | | | | | |
| Telephone | | | | | | | | |
| Car/Cell Phone | | | | | | | | |
| Postage/Office | | | | | | | | |
| Other* | | | | | | | | |
| | | | | | | | | |
| Total Expense | | | | | | | | |
| | | | | | | | | |
| | | | | | | Advance if any | | |
| | | | | | Signature | Date | | |
| | | | | | | | Amount To You | |
| | | | | | Approved | Date | Amount to Diocese | |

To donate the proceeds from this expense claim back to the Diocesan General Fund please

sign and date here _____ Date _____

*Personal auto mileage at current rate per mile
 *Other Transportation expense includes bus, taxi, parking, etc.
 *Other Expenses must be explained and receipts attached