DIOCESE OF ONTARIO

REQUISITION FOR VOLUNTEER TRAVEL AND EXPENSE REIMBURSEMENT

NAME AND ADDRESS____

COMMITTEE____

TRAVEL LOG FOR MONTH OF_____________________20__

DATE	PLACE TRAVELED TO OR DESCRIPTION OF EXPENSE (attach receipts)	KILOMETERS TRAVELED	OTHER $ Amount	Authorization
	Total Kilometers/Expenses	0	0.00	
	Reimburse kilometers	@$0.62 =	0.00	
		TOTAL CLAIM	0.00	

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(date) **(signature)**