Lay Carmelites
Province of the Most Pure Heart of Mary

EXPENSE REIMBURSEMENT REQUEST

Name: _____ Date Submitted: _____

Reason for Expense: _____

LCC Visited (if applicable): _____ LCC # _____

Your Signature: _____ Approved By: _____

DATE	AIRFARE	MILEAGE [1]	TRANSPORT	MEALS [2]	LODGING [3]	OFFICE EXPENSES	OTHER[4]	TOTAL ($)

[1] - Mileage - $.56/mile

[2] - Meals - $20/meal/person (daily maximum—$40/person)

[3] - Lodging - One night with approval of Provincial Coordinator. Moderate rate lodge per region/area

[4] - Explain OTHER : _____

Please attach receipts when applicable.

SUBTOTAL: $_____

EXCHANGE RATE (If Applicable): $_____

TOTAL REQUESTED AMOUNT: $_____

Please return completed form to the Lay Carmelite Office as soon as possible. Thanks!

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