Archdiocese of Indianapolis - Expense Reimbursement Request Form

EMPLOYEE INFORMATION

(1) Employee Name:	**(5) Payroll Entity:**
(2) Paylocity Employee ID#:	**Archdiocese (13000)** **CCI (33602)**
(3) Contact E-mail or Phone #:	**Fatima (13350)** **CCB (33608)**
(4) Employee Department:	**MTCA/NDAA (13250)** **CCTC (33619)**

EXPENSE INFORMATION (NON-MILEAGE)

(6) Date Expense Incurred	(7) Description of Expense Incurred	(8) Professional Development Expense? (Y/N) (100-220-610-XXXXX)	(9) Account Distribution (XXX-XXX-XXX-XXXXX)	(10) Amount	(11) Is cost attributable to a specific Project? (Charities and Fatima only) If so, complete section 18 below.

MILEAGE EXPENSE INFORMATION

Rate: **/mile**

(12) Date of Travel	(13) Description of Travel Purpose	(14) Eligible Miles Traveled	(15) Account Distribution (XXX-XXX-XXX-59610)	(16) Amount	(17) Is cost attributable to a specific Project? (Charities and Fatima only) If so, complete section 18 below.

Total Expense Reimbursement

PROJECT INFORMATION (IF APPLICABLE)

(18a) Project #	(18b) Project Name	(18c) Amount	(18d) Notes

PROFESSIONAL DEVELOPMENT INFORMATION
- Professional development charges should be charged to the following department code: 100-220-610.
- Professional development expense reimbursement requests in excess of $100 should be accompanied by an approved Professional Development Request Form.

MILEAGE - Mileage is reimbursed at 75% of the IRS rate. The current reimbursement rate is $0.41/mile. Eligible miles are calculated as the number of miles traveled for work in excess of the normal daily round-trip commute between work and home.

MEALS - Meal reimbursements requests should include a description of the business purpose and names of attendees.

JOB-RELATED MOVING EXPENSES - If reimbursing for job-related moving expenses, only those that qualify as non-taxable under IRS Section 132 rules should be included on this form. Please consult Central Payroll if you have job-related moving expenses.

COMMONLY USED ACCOUNTS

Travel	59600	Registration Fees	59320
Mileage	59610	Dues / Memberships	59300
Meals	59615	Mobile Phones	56015

(19) Special Notes / Instructions:

SIGNATURES AND APPROVALS

(20) Employee Requesting Reimbursement	(21) Expense Reimbursement Request Approver
Name:	**Name:**
Signature:	**Signature:**
Date:	**Date:**

By signing this form you are certifying that the expenses listed are in accordance with the Archdiocesan expense reimbursement policy, which can be found on the website at http://www.archindy.org/finance
Questions? Contact us at accountingservices@archindy.org or 317-236-1410.