DIOCESE OF ONTARIO REQUISITION FOR VOLUNTEER TRAVEL AND EXPENSE REIMBURSEMENT

NAME		
POSITION		
TRAVEL LOG FOR MONTH OF	2025	

	110 (VEE 2001 01(MIO(VIII 01		2020	
			OTHER EXPENSES	
	PLACE TRAVELED TO OR DESCRIPTION OF			
DATE	EXPENSE (attach receipts)	TRAVELED	or # (if known)	\$ Amount
	Total Kilometers		Total Expenses	
	Reimburse Kilometers		@\$0.64 = @	
		_	TOTAL CLAIM	
(date)	(date) (signature)			