Trave	eler Name:											
Street Address:						T	rip Locations:					
City,	State, Zip:					_	Trip Purpose:					
□ Hold	Check for					-	7	/endor #:				
				Please report a	ıll expenses	in U.S. Dollars (see Instruction	us)				
Meals (including meal				os)	Lodging	Transportation Expenses			Miscellaneous			
Date (M/D/Y)	Traveler's Breakfast	Traveler's Lunch	Traveler's Dinner	Entertainment ³	Lodging (room and taxes only)	Airfare / Train / Bus ³ (Do NOT include travel paid for directly by A&I Travel)	Local (e.g., taxi and tips; auto rental 1)	Personal Vehicle (plus tolls & parking) 2	Other	Tips (do not include meal tips)	Other ³ (include checked bag fees)	
									\$ -			
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
SUMMARY	EXPENSE	E S				FOR ACCOUN	TING					
Category Account Number			Total	Controller's Office Only Authorized by:				Date				
Meals	8232-			\$ -	Reviewed by:				Date:			
Lodging	8233-			\$ -		Controller:				Date:		
Travel	-	-8231-		\$ -		Obligation #:						
Misc.	-	- 8234-		\$ -		Check #:				Date:		
Total Expenses				\$ -	¹ Ticket, original receipts and/or auto rental approval letter must be attached							
Less Advance (cash or check) Received				² Business travelers at \$0.70 per mile / Volunteers at \$0.14 per mile plus tolls and parking (please itemize on reverse)								
Reimbursement due Traveler (or to DFMS)			\$ -	³ Please itemize on next page								
TRAVELER	SIGNATUI	RE		DATE	_							
								.,		eview the travel		
							https	s://www.episco	palchurch.o	rg/page/forms-a	<u>na-guidelines</u>	

TRAVEL AND EXPENSE REPORT
The Domestic and Foreign Missionary Society
815 Second Avenue, New York, New York 10017

Entertainme	ent							
Date	Place	e of Entertainment	Cost	Names of Individuals En	ntertained	Business Purpose		
<u> </u>								
Macallanas	E-mangas (T.1/E/Letowast Ting	Qd,)					
		Tel/Fax/Internet, Tips, (Data	Amount	Description		
Date	Amount	υ	Description	Date	Amount	Description		
		1			1			
					1			
		······································			<u> </u>			
		1			1			
					1			
Auto Rental	Expenses (att	tach authorization letter,	?)					
Date	Amount	·	Description	Date	Amount	Description		
	†	 I						
		i						
Personal Au	ıtomobile Use ((Reimbursed at \$0.70 p	er mile business or \$	\$0.14 per mile for volunteers; ga	asoline is not reim	ıbursable)		
Date		From/To City	Miles	Persons Transport	ted	Comments		
		annunununununununununununununununununun						
Fore	eign Currency (l	list) Convers	ion Rate per US Dol	ollar (e.g., 20 pesos per USD)	Date/	/s of Conversion (average for travel dates)		

Please type or print clearly.

All requests for reimbursement must be filed on the Travel and Expense Report and must be accompanied by clearly legible scanned copies or e-invoices for ALL expenses other than tips (or original receipts if not within the 14-day window). Summary credit card statements and other copies are not acceptable. NOTE: To encourage prompt filing of Travel and Expense Reports, electronic copies will be accepted only when submitted within 14 days after incurring travel and entertainment expenses. All Travel and Expense Reports must be signed regardless of how they are submitted. The completed form should be forwarded to your Supervisor or meeting organizer for approval and submission to the Controller's Office within 14 calendar days following each trip or incurring entertainment and telephone expenses. Expenses submitted after 60 days will not be reimbursed.

If the U.S. dollar amounts stated on the Form are derived after converting from a foreign currency, please include a copy of the source document used for conversion. This document should clearly show the rate or conversion factor that was used in the computations. We suggest using the converter available at http://www.oanda.com/convert/fxhistory.

Expenses that are generally subject to reimbursement

The following are usually accepted for reimbursement: transportation, lodging, meals, and certain miscellaneous expenses. Details are provided in the Guidelines for Official Travel available at http://www.episcopalchurch.org/page/forms-and-guidelines

Expenses that are not subject to reimbursement

Any expenses not specifically addressed in the Guidelines as reimbursable must have prior written explanation and approval. Non-reimbursable expenses include but are not limited to the following: Spouse's travel expenses; dependent care; pet care; supply clergy to substitute for clergy on official business; lost pay; use of frequent-flyer miles; additional travel insurance; luggage purchase or replacement; unofficial (personal) entertainment; in-room movies; barber and beauty services; newspapers and magazines; sightseeing; medical services; motor vehicle fines; "no show" charges for hotels, car rental and limousines; charge card late fees and expenses.

Submitting a Request for Reimbursement

Receipts should be scanned, taped or stapled to blank sheets of letter-sized paper, and properly spaced so that all the numbers on each receipt are clearly identifiable. These blank sheets should then be attached to the T & E form. We request that you not bunch and staple receipts one behind the other, as this delays review and processing.

Please direct all requests for reimbursement to the staff person through whom the meeting arrangements were made.

Requests for reimbursement for group travel for Members of Interim Bodies of the General Convention or Executive Council should be sent to: GCOffice@episcopalchurch.org or by mail to General Convention Office, The Episcopal Church Center, 815 Second Avenue, New York, NY 10017, Tel: (212-716-6017)