

## The Episcopal Diocese of San Diego

## *Expense Reimbursement and Credit Card Reconciliation 2026.*



*Please complete this form to reconcile monthly credit card charges or as needed to request reimbursement for business expenses. Enter information in green (or shaded) cells.*

Name  
Email  
Date  
Department

Address (if requesting reimbursement):

*For mileage, leave vendor blank. List origin, destination, and number of miles in description. 2026 rate is \$0.7200 per mile.*

*Please print this form and attach all receipts. Submit with receipts for approval to your supervisor, then to accounting for processing and payment.*

Card Stmt Bal  
Total Reconciled  
Diff (shld be Zero)

**Total to Reimburse**  
Total on Credit Card  
Grand Total

\$
\$
\$

Submitted by:

Approved by: