

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		Address (if requesting reimbursement):
Email		
Date		
Department		



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.

Date	Vendor	Business Purpose / Description	Category	Reimb / CC	Amount

Card Stmt Bal	\$
Total Reconciled	\$
Diff (shld be Zero)	\$

Total to Reimburse	\$
Total on Credit Card	\$
Grand Total	\$

Submitted by: _____

Approved by: _____