

**Diocesan Travel Mileage Claim Form**

Name: \_\_\_\_\_

Date of Meeting: \_\_\_\_\_

Name of Meeting: \_\_\_\_\_

Return Distance Travelled: \_\_\_\_\_

*Diocesan Travel rate for meetings is calculated @ \$0.35 per km.*

*Date:* \_\_\_\_\_

*Signature:* \_\_\_\_\_