

**Roman Catholic Diocese of Phoenix
Mileage Reimbursement Request
For Calendar Year 2024**

*** UPDATED for new IRS rates for January 1, 2024 - December 31, 2024. ***

Address (Required):

Name:	
Street:	
City/State/Zip:	
Phone:	

ACH:	Y:		N:	
Routing Number:				
Account Number:				

Month / Year:

Department / Account

Date	From	To	Miles	Purpose
Total Miles Claimed for Reimbursement:			0.0	

Reimbursement Total: # of miles @ .67 cents per mile = \$ -

Approval Signature

Date