



Historical Society of the Episcopal Church

Expenses Reimbursement Form

Complete detail attach receipts and mail to HSEC, PO Box 1301, Appleton, WI 54912-1301.

Form and receipts may also be scanned and emailed to administration@hsec.us.

Want to donate
reimbursement?

If you wish to donate any or all of your reimbursement, please submit the request, receive reimbursement, then send a check or donate online at hsec.org/give. This allows for better tracking and clarity for tax purposes.

Name _____

Phone _____

Street _____

Email _____

City, State ZIP _____

Date(s)	Payee	Description	Mileage (Miles x \$0.14/mile)*	Amount

TOTAL REIMBURSEMENT REQUEST _____

*Mileage is at the IRS established 14 cents per miles for your volunteer service. Note this is less than the normal business rate for employees and independent contractors.