

OneLegacy Ambassadors Expense Report

Ambassador Name: _____
 Phone: _____
 Address: _____
 City, State and Zip: _____

AMBASSADOR MILEAGE				\$.70/mile*
DATE	TO/FROM	DESCRIPTION/ PURPOSE OF TRIP	MILES	AMOUNT
TOTAL				

AMBASSADOR EXPENSES (with Receipts)			
DATE	EXPENSE TYPE (<i>Internal Use Only</i>)	VENDOR - DESCRIPTION	AMOUNT
TOTAL			
GRAND TOTAL			

AMBASSADOR	
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND TRUE AND IN COMPLIANCE WITH COMPANY POLICY.	
_____ /s/	_____ DATE
AMBASSADOR SIGNATURE	DATE

APPROVAL	
_____ SUPERVISOR	_____ DATE
DIRECTOR	DATE

Note: Mileage rate applies only to **2024** calendar year*
 J. 1/7/23
***OL Supplemented Rate**
[Submit form to ambassador@onelegacy.org](mailto:ambassador@onelegacy.org)