OneLegacy Ambassadors
Expense Report

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

AMBASSADOR MILEAGE				$0.72/mile*
DATE	TO/FROM	DESCRIPTION/ PURPOSE OF TRIP	MILES	AMOUNT
			TOTAL	

AMBASSADOR EXPENSES (with Receipts)			
DATE	EXPENSE TYPE *(Internal Use Only)*	VENDOR - DESCRIPTION	AMOUNT
		TOTAL	
		GRAND TOTAL	

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

APPROVAL	
SUPERVISOR	DATE
DIRECTOR	DATE

Note: Mileage rate applies only to **2026** calendar year*

J. 1/16/26

***OL Supplemented Rate**

Submit form to ambassador@onelegacy.org