



Catholic Diocese of Rockford
 P.O. Box 7044
 Rockford, IL 61125
 Phone: 815-399-4300

Professional Expense Reimbursement

NAME: _____ **REIMBURSEMENT PERIOD:** _____

PARISH/CCHS/AGENCY: _____ **CITY:** _____

Comments: Please indicate the full date and a brief description of ministry purpose, and attach receipts. See example below.

Professional Expense Summary:

(attach receipt for each item)

| DATE | Description - Category | Amount | Receipt |
|------------------------------------|--|--------|---------|
| 10/1/2016 | Example: US Cleaners – dry cleaning | 35.00 | √ |
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| TOTAL Professional Expenses | | | |

Enter mileage total from separate mileage log(s) _____ miles x \$0.535 = _____
 @ current IRS reimbursement rate (0.535 effective January 1, 2017)

TOTAL Professional Expense Reimbursement Requested: \$ _____
 Limited to \$9,600 annually per fiscal year

Signature: _____ Date: _____



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Mileage Log

NAME: _____ **REIMBURSEMENT PERIOD:** _____

PARISH/CCHS/AGENCY: _____ **CITY:** _____

Comments: Please indicate the full date and a brief description of ministry purpose. See example below.
(Trips to hospital, nursing home, travel for meetings or conferences.)

| DATE | DESCRIPTION OF TRAVEL INCLUDING PURPOSE & LOCATION | MILEAGE |
|-----------|--|---------|
| 10/1/2016 | Example: St. Anthony Hospital – sick calls | 10 |
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Total mileage to be carried over to Professional Expense Reimbursement form: _____



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Table Expense Reimbursement

NAME: _____ **REIMBURSEMENT PERIOD:** _____

PARISH/CCHS/AGENCY: _____ **CITY:** _____

Comments: Use this reimbursement request for purchases of groceries for meals eaten at the parish rectory and for personal meals eaten at restaurants.

| DATE | Grocery Store / Restaurant | Amount | Receipt |
|---|---|--------|---------|
| 10/1/2016 | Example: Whole Foods - groceries | | √ |
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| TOTAL Table Expense (Split into categories below) | | | |

SUBTOTAL by category: RECEIPTS MUST BE ATTACHED FOR **ALL** ITEMS.

Table Expense – Groceries \$ _____
 Table Expense – Personal meals at restaurants (not ministry-related) _____ *

TOTAL Table Expense Reimbursement Requested: \$ _____

Signature: _____ Date: _____

* Note: Personal meals at restaurants are reimbursable, but according to IRS rules, are taxable and will be added to W-2 wages.