

# Catholic Office of the Deaf

Diocese of Rockford

## Monthly Expense Report

Month \_\_\_\_\_ Parish \_\_\_\_\_ City \_\_\_\_\_ Year \_\_\_\_\_

Interpreter Name	Date of Service	Service			Hrs of Service	\$ per hour	\$ (-) Charity	TOTAL
		Mass	R.E.	Other Service				
Interpreter	M/D/Y	✓	✓	Name of Service	#	\$	\$	\$
<b>SUBTOTAL</b>								
Other Cost: (Name Service)				Quantity		Price per unit		\$
<b>TOTAL</b>								\$

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 61125 or send PDF copy to [Cbrewster@RockfordDiocese.org](mailto:Cbrewster@RockfordDiocese.org)  
**Submitted by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_