



Catholic Diocese of Rockford

Expense Reimbursement Request Form

NAME: _____ REIMBURSEMENT PERIOD: _____

PARISH/SCHOOL/AGENCY: _____ CITY: _____

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

Part I – Reimbursable Ministry Expense Summary: (attach receipt for each item)

DATE	Department (Ministry) / Description	Amount	Receipt
1/1/2019	Example: Respect Life Ministry – Post Office – Purchase stamps	\$ 25.00	√
	TOTAL Expenses:	\$	

Part II – Mileage & Expense Report

DATE	Department (Ministry) / Description	Purpose of Travel	Miles	Toll/Parking
1/1/2019	Example: Respect Life Ministry – Post Office	Purchase stamps	8	n/a
	Total Mileage, Tolls/Parking:			\$

Part II Mileage Log Enter mileage total from above _____ x \$ $\frac{\text{_____}}{\text{mileage rate}}$ = _____
(please check www.irs.gov for the current mileage rate)

Total Reimbursement Requested: Part I Expenses, Part II Mileage, Tolls & Parking: \$ _____

I hereby certify that the above expenses to the best of my knowledge, information and belief qualify as business expenses (directly attributed to Diocesan business) under Internal Revenue Service guidelines.

Signature: _____ Date Submitted: _____

Supervisor: _____ Date Approved: _____