

Catholic Diocese of Rockford

Expense Reimbursement Request Form

NAME:	REIMBU	REIMBURSEMENT PERIOD:			
PARISH/SC	CHOOL/AGENCY:	CITY:			
Comments:	Please indicate the full date and a brief de	scription of ministry purp	oose, and atta	ch receipts.	
Part I – Ro	eimbursable Ministry Expense Summa	ary: (atta	ach receipt for	each item)	
DATE	Department (Ministry) / Des	tment (Ministry) / Description		Receipt	
1/1/2019	Example: Respect Life Ministry – Post Office – Purchase stamps		\$ 25	5.00 √	
		TOTAL Expenses:	\$		
Part II – N	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 Mile	eage Log Enter mileage total from a	bove x \$	= <u></u>		
	(please check <u>www.irs.gov</u> for the cu		ie rate		
Total Reim	bursement Requested: Part I Expenses,	Part II Mileage, Tolls	& Parking: \$	>	
•	tify that the above expenses to the best of my rectly attributed to Diocesan business) under	G	•	alify as busines	
Signature:		Date Submit	ited:		
Supervisor:		Date Annroy	ved:		