



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

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		✓
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.