

# CATHOLIC CHARITY APPEAL

## Expense Reimbursement Form

**—Parish Information—**

Parish Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Town/City: \_\_\_\_\_

Parish Number: \_\_\_\_\_ Time Period of Incurred Expenses: \_\_\_\_\_

**—Expenditure Classification—**

*Please check the appropriate option(s) from the categories listed below:*

Postage \$ \_\_\_\_\_

Stationery (*Letterhead, envelopes, etc.*) \$ \_\_\_\_\_

Miscellaneous Supplies \$ \_\_\_\_\_

*Please specify the supplies utilized in the spaces provided below.*

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses \$ \_\_\_\_\_

*In the spaces below, please give a description of additional expenditures to be reimbursed.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL Amount to be reimbursed: \$ \_\_\_\_\_**

***Please note:*** Due to changes in IRS auditing standards, our diocesan auditors have informed us that parish appeal expenses cannot be deducted directly from Catholic Charity Appeal receipts.

NO reimbursement can be made for hours worked by a parish secretary. Secretarial duties relating to the Appeal effort can be delegated to recruited volunteers within your parish or must be considered part of your parish staff's regular duties.

In order to receive reimbursement, please complete this form and forward it along **with all Appeal expense receipts** to:

**Diocese of Providence  
Stewardship & Development Office  
One Cathedral Square  
Providence, RI 02903**

-----***For CCA Office Use Only***-----

Date received by the Stewardship & Development Office: \_\_\_\_\_

Approved for payment by: \_\_\_\_\_ Date: \_\_\_\_\_