Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your name )

serve on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of committee)

I have read the diocesan reimbursement guidelines and understand that in order to be reimbursed for expenses, I will submit my request and receipt within 60 days of the occurrence of the meeting. Any expenses submitted beyond 60 days will not be reimbursed to me.

If I request mileage reimbursement at the IRS rate for employees instead of the rate for volunteer mileage of 14 cents per mile, it is taxable income to me and I will be required to submit a W9 form and be issued a 1099 for mileage of $600 or more paid to me.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

Form reviewed and approved by Diocesan Council 5-22-2021