

Office of the Diaconate

RETREAT REIMBURSEMENT REQUEST

Allowance: \$150 per individual/\$300 per couple per fiscal year

Note: Do not use this form for retreats at the Joseph and Mary Retreat House, formerly known as Cardinal Stritch Retreat House. They bill the Diaconate Office directly. All other retreats must be paid by the individual and receipts must be provided for reimbursement.

Retreat House:

Address:

City:

State:

ZIP:

Dates Attended:

Amount Requested: \$

(Please submit a receipt with this form)

Make Check Payable to:

Name:

ID#:

Address:

City:

State:

ZIP:

Parish/Agency:

Email Address:

Social Security Number:

Please note, this retreat allowance pays for only one retreat per fiscal year, June 30 to July 1.

All requests for reimbursement must be made by **June 30**.

Signature

Date

Send completed form to:

Office of the Diaconate
816 Marengo Avenue
Forest Park, IL 60130
diaconate@archchicago.org