

RETREAT REIMBURSEMENT REQUEST FORM

Office of the Diaconate

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

Note: Do not use this form for retreats at the 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 Code: _____

Dates attended: _____

Amount requested: _____

(Please submit a receipt with this form)

Make check payable to:

Name: _____

Address: _____

City: State: Zip Code: _____

Parish/agency: _____

Your SS#: _____ Deacon ID: _____

Email: _____

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 30th.

Send completed form to:

Office of the Diaconate, 816 Marengo, Forest Park, IL 60130

e-mail: diaconate@archchicago.org

Revised 1/30/15