

**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, 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.**

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](mailto:diaconate@archchicago.org)