

Office of the Diaconate

MINISTERIAL DEVELOPMENT REIMBURSEMENT REQUEST FORM

Maximum Allowance: \$150 per fiscal year per couple. Fiscal year is July 1 to June 30.

Course Title:

Facility/Place:

Dates Attended:	Number of Credit Hours (Class Hours):
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Course Fee: \$	Amount Requested: \$
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Make Check Payable to:

Deacon's Name:	ID#:
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Address:

City:	State:	ZIP:
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Parish/Agency:

Email Address:

Social Security Number:

Reimbursement is for the current fiscal year. All requests for reimbursement must be made by **June 30**.

Events sponsored by the Office of the Diaconate and Diaconate Council are not reimbursable.

*Note that in fiscal years in which an overnight convocation is convened, the \$150 allowance will be reduced to \$50 (as the Office of the Diaconate needs help to defray the expenses of the overnight convocation).

Signature

Date

Send completed form to:

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