



See the Handbook Deacons in our Diocese for further information on filling this form.

PART 1 – TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Deacon's Name: _____ Parish: _____

Address: _____

Email: _____ Phone: _____

Reimbursement requested for one or more of the following (details and receipts are required for all expenses submitted for reimbursement. The receipt must indicate that payment was made in full)

- Name of Program/Course: _____
 - Sponsor & Location: _____
 - Dates: _____ to _____
 - Total cost, including course fees, travel & accommodation: _____
- Books and Journals (description & cost): _____
- Computer Hardware/Software (description & cost): _____

Total cost of claim, including all taxes \$ _____

How will this expenditure be of benefit to the parish / diocese?

Employee Signature: _____ Date: _____

I hereby confirm that the above expenditure confers a benefit upon the parish / diocese.

Executive Archdeacon: _____ Date: _____

PART II – TO THE DIOCESAN FINANCE OFFICE

The contributions for the current year amount to \$ _____ and cover the period

_____ (dates)

Diocesan Business Administrator / Controller