

**Documentation for Substitution**  
**Reimbursement and Stipend**  
**effective January 1, 2024**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

For Substitution at (parish) \_\_\_\_\_

(place) \_\_\_\_\_

Weekend Date(s) \_\_\_\_\_

Weekday Dates \_\_\_\_\_

**Reimbursed Expenses:**

Mileage

Ending Odometer \_\_\_\_\_

Beginning Odometer \_\_\_\_\_

Total Miles \_\_\_\_\_ @ \$0.67 \$ \_\_\_\_\_ Mileage Total

Meals (attach receipts) \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Total Reimbursed (total of lines above) \$ \_\_\_\_\_

**Stipend** @ \$20 + \$55 per Mass: Obligation Mass; wedding; funeral \$ \_\_\_\_\_

\$25 per weekday \_\_\_\_\_ weekdays @ \$25 \$ \_\_\_\_\_

Total Stipend: \$ \_\_\_\_\_

**Total to be paid** (Reimbursement plus Stipend) \$ \_\_\_\_\_

Signature of Priest: \_\_\_\_\_

Date: \_\_\_\_\_