

Documentation for Substitution
Reimbursement and Stipend
effective January 1, 2025

Name: _____

Address: _____

Social Security Number: _____

For Substitution at (parish) _____

(place) _____

Weekend Date(s) _____

Weekday Dates _____

Reimbursed Expenses:

Mileage Ending Odometer _____

Beginning Odometer _____

Total Miles _____ @ \$0.70 _____ Mileage Total

Meals (attach receipts) \$ _____

Other (specify) \$ _____

Description of Other Expense: _____

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: _____