



Our Pilgrimage of Faith Appeal DIOCESE OF NELSON

Catholic Pastoral Centre

3665 Benvoulin Road, Kelowna, B.C. Canada V1W 4M7

pof@nelsondiocese.org - 250-448-2725

FORM 2

REQUEST FOR REIMBURSEMENT

Check the box pertaining to your particular request.

-
- | | |
|---|--|
| <input type="checkbox"/> Catholic Mountain Star | <input type="checkbox"/> CISND |
| <input type="checkbox"/> Diocese of Nelson Website | <input type="checkbox"/> Clergy Pension Supplement |
| <input type="checkbox"/> Youth Ministry | <input type="checkbox"/> Seminarian Support |
| <input type="checkbox"/> Office of Faith Formation | <input type="checkbox"/> Sabbaticals and Training for
Priests and Religious |
| <input type="checkbox"/> Seton House of Prayer | <input type="checkbox"/> Lay Training |
| <input type="checkbox"/> First Nations Ministry | <input type="checkbox"/> Capital Development |
| <input type="checkbox"/> Office of the Judicial Vicar | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social and Pastoral Programs | |

Name (Payee) _____

Parish/Deanery
(if applicable) _____

Address for remittance _____

Submitted by _____

Contact Telephone Number _____

Date of Programme _____

SEE PAGE 2 →

List your expenses for reimbursement, attach receipts, and include a support letter if required.

Previously Approved:	Yes	No
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		
\$ _____		

Subtract:

Funds received from other sources: \$ _____

Total: \$ _____

Please list other fund sources:

Committee Meeting Dates: January, April, July and October

Office/Committee Use

Approved: _____ Approval Amount: _____ Approval Date: _____
_____ Date Paid: _____ Cheque # _____