



## 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

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### 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<br>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 |  |

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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**

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**Office/Committee Use**

Approved: \_\_\_\_\_ Approval Amount: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
\_\_\_\_\_ Date Paid: \_\_\_\_\_ Cheque # \_\_\_\_\_