



**SUBSTITUTE PRIEST REMUNERATION AND REIMBURSEMENT FORM**

Diocese of Great Falls-Billings

Church Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

**NOTE:** The substitute priest is responsible for filing this form in a timely fashion in order to be paid by the parish(es).

**FROM:**

Reverend: \_\_\_\_\_  
\_\_\_\_\_

**For Travel less than 50 miles one-way:**

\$ \_\_\_\_\_ for \_\_\_\_\_ Weekend Liturgies at \$50 per Liturgy

\$ \_\_\_\_\_ for \_\_\_\_\_ Weekday Liturgies at \$25 per Liturgy

\$ \_\_\_\_\_ for \_\_\_\_\_ Mass Stipends

\$ \_\_\_\_\_ for Penance/Anointing of the Sick \$30 per

**(2)** \$ \_\_\_\_\_ Service Subtotal

**For Travel more than 50 miles one-way:**

\$ \_\_\_\_\_ for \_\_\_\_\_ Weekend Liturgies at \$60 per Liturgy

\$ \_\_\_\_\_ for \_\_\_\_\_ Weekday Liturgies at \$25 per Liturgy

\$ \_\_\_\_\_ for \_\_\_\_\_ Mass Stipends

\$ \_\_\_\_\_ for Penance/Anointing of the Sick \$30

**(3)** \$ \_\_\_\_\_ Service Subtotal

**Room and Board:**

Room & Board: \_\_\_\_\_ Provided or

Room & Board \_\_\_\_\_ Reimbursement is requested (itemized) \$ \_\_\_\_\_

Itemized list for reimbursement:

For: \_\_\_\_\_ \$ \_\_\_\_\_

For: \_\_\_\_\_ \$ \_\_\_\_\_

For: \_\_\_\_\_ \$ \_\_\_\_\_

**(4)** \$ \_\_\_\_\_ Room & Board Subtotal

Travel:

Miles round trip \_\_\_\_\_ at \$0. \_\_\_\_\_ (current IRS rate) = **(5)** \$ \_\_\_\_\_

Total Reimbursement Request (Total of lines 2 or 3 4 & 5) \$ \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

- 1 If various faith communities are served on a given weekend, fill out a form for each one.
- 2 Taxable Income
- 3 Taxable Income
- 4 Total Room and Board provided with Receipts.
- 5 Current IRS rate – is published annually by the Diocesan Business Office to aid parishes in setting budget.