



DIOCESE OF GREAT FALLS-BILLINGS

P.O. Box 1399 * Great Falls, Montana 59403 * (406) 727-6683

www.diocesegfb.org

SUBSTITUTE PRIEST REMUNERATION AND REIMBURSEMENT FORM

Church: _____

Date: _____

Address: _____

Reverend: _____

Address: _____

NOTE: Use a separate form for each faith community served. The substitute priest is responsible for timely filing of this form for payment.

Remuneration for Travel less than 50 miles one-way:

\$ _____ for _____ Weekend Liturgies at \$100 per Liturgy

\$ _____ for _____ Weekday Liturgies at \$50 per Liturgy

\$ _____ for _____ Mass Stipend

\$ _____ for Penance/Anointing of the Sick \$60 per

Less than 50 Miles- Remuneration Subtotal² \$ _____

Remuneration for Travel more than 50 miles one-way:

\$ _____ for _____ Weekend Liturgies at \$120 per Liturgy

\$ _____ for _____ Weekday Liturgies at \$50 per Liturgy

\$ _____ for _____ Mass stipends

\$ _____ for Penance/Anointing of the Sick \$60

More than 50 Miles- Remuneration Subtotal³ \$ _____

Travel: Miles round trip _____ at \$0.____ (IRS rate) = Mileage Subtotal⁴ \$ _____

Room & Board Reimbursement Requested (Itemized List- Receipts Attached):

For: _____ \$ _____

For: _____ \$ _____

For: _____ \$ _____

Room and Board Subtotal⁵ \$ _____

Total Reimbursement Request (Total lines 2,3,4,5) \$ _____

Signature

Date

^{2/3} Taxable Income

*Reimbursement rates effective 7/1/2026

⁴ Current IRS rate is published at: <https://www.irs.gov/tax-professionals/standard-mileage-rates>