

**DIOCESE OF SCRANTON
OFFICE FOR PARISH LIFE
PARISH FACILITATOR
EXPENSE REIMBURSEMENT REPORT**

Date: _____

Name: _____

Mailing Address: _____

DATE	MEETING TIME & PLACE	NUMBER OF CONTACT HOURS	TRAVEL EXPENSES	
TOTAL:				

Signature: _____

Make Check payable to: _____

Please return to: Ann Marie Cawley, Office of Parish Life

Diocese of Scranton • 400 Wyoming Avenue • Scranton, PA 18503-1279