

**APPENDIX C-1**

**Substitution/Mileage Form - Submit to the Parish Office for Payment**

**CHURCH:** \_\_\_\_\_

**DATE(S) of SUBSTITUTION:** \_\_\_\_\_

❖ **Number of Weekend Masses** celebrated by **Retired Priests** or by **Priests who do not receive a stipend amount as part of their base salary in the Diocese**

- 1 \$60
- 2 \$85
- 3 \$110
- 4 \$135

\$ \_\_\_\_\_

❖ **Weekday Mass**

@ \$30 X \_\_\_\_\_ = \$ \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

**Confessions Before Mass @ \$15** \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

❖ **Weekday Penance Services**

@ \$35 X \_\_\_\_\_ = \$ \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

❖ **Mass Stipend of \$5 per Mass**

@ \$5.00 X \_\_\_\_\_ = \$ \_\_\_\_\_ NO \_\_\_\_\_ \$ \_\_\_\_\_

❖ **Mileage Reimbursement for All Priests**

Ending Odometer Reading: \_\_\_\_\_

(minus)

Starting Odometer Reading: \_\_\_\_\_

(equals)

Round trip Miles driven: \_\_\_\_\_ @ \$.70 cents/mile = \$ \_\_\_\_\_

Total Substitution Invoice \$ \_\_\_\_\_

**Make check payable to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_