



**Diocese of Knoxville  
Catholic Education Trust Fund (CETF) Reimbursement Request Form**

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Name of parish to make check payable to: \_\_\_\_\_ City \_\_\_\_\_ TN

This request is from funds that were approved in **MAY** **OCTOBER** (select one) of \_\_\_\_\_ (year).

Amount requested must not exceed invoice(s) submitted or amount approved by CETF. **To verify this, please complete the following:**  
**Staple** copies of all invoices to this form. **List** the amount of money approved from CETF for this project \$ \_\_\_\_\_  
**List** any amount(s) of money already reimbursed for this project \$ \_\_\_\_\_

Note: Funds approved in May must be used by June 30 of the following year. Funds approved in October must be used by December 31 of the following year.

Item to be funded	Brief description of how funding has/will benefit parish	Amount requested

Requested by (name and title): \_\_\_\_\_ *Total Amount of Check:* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Form to be submitted to: Fr. Richard Armstrong, Office of Christian Formation, Diocese of Knoxville, 805 S Northshore Dr., Knoxville, TN 37919*