REQUESTS for BENEFIT REIMBURSEMENT FORM

This form is located online at - https://vermontcatholic.org/about/careers/pbf-members/request-form

	Type of Service		Service Amount	
[Alternative Medicine		
[Dental		
[Doctor		
[Medical/Hospital		
I		Pharmacy		
[Other		
<u>Total</u>	<u>Reim</u>	bursement Requested:		
Print Name:				
Address for Reimbursement Check:				
Description of Reimbursement(s):				
Signature:			Date:	

Please send Attention: Priests Benefit Fund with Receipts