

MASS STIPEND CLAIM FORM for INSTITUTIONS
ARCHDIOCESE OF MADURAI

NAME: **MONTH:** **YEAR:**

Date	I Mass			II Mass		
	Procurator's Intention	Personal Intention	Other Intention	Procurator's Intention	Personal Intention	Other Intention
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
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16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total						

Total Number of Masses Celebrated: **Opus:**..... **RIP:**.....

Intentions Received:..... Celebrated:..... Returned to Procu.:.....

Stipend Required from Procurator:..... (Opus/RIP to be deducted)

Date:

Place:

(Signature)