

Safeguarding Master Trainer Honorarium

Master Trainer Name: _____

Address: _____ City and Zip _____

Date of Training: _____

Location of Training: _____

Type of Training: _____ New Trainer Training/ SGC \$350

_____ New Trainer Training/SGP-E \$350

_____ SRA Training \$150

(Please submit Mileage and \$50 SRA coaching fee to parish or school for reimbursement)

_____ SGC / SGP Diocesan Training \$150

Reimbursement for Expenses of Training: List items below and attach receipts

Mileage: Round Trip Miles _____ x \$.545 = _____

Master Trainer Signature _____

For Safeguarding Office Use

Honorarium _____

Expense Reimbursement _____

Mileage _____