



# **PROVINCIAL VISITATION TRAINING**

## **HANDOUTS FOR SESSION 3**

**PREPARED BY THE PROVINCIAL VISITATION TASK FORCE:**

(In Alphabetical order)

Doug Buschman, TOC

Lourdes Crabtree, TOC

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Cindy Perazzo, TOC





Kathleen Richardville, TOC

Linda Thomas, TOC

Patty Whitlock, TOC



**The following documents are included in this pack:**

-  **Reimbursement Form**
-  **Cover Letter**
-  **Community Visitation Report**
-  **Confidential Visitation Form**



# EXPENSE REIMBURSEMENT REQUEST

Name: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Reason for Expense: \_\_\_\_\_

LCC Visited (if applicable): \_\_\_\_\_

LCC # \_\_\_\_\_

Your Signature: \_\_\_\_\_

Approved By: \_\_\_\_\_

DATE	AIRFARE	MILEAGE <sup>1</sup>	TRANSPORT	MEALS <sup>2</sup>	LODGING <sup>3</sup>	OFFICE EXPENSES	OTHER <sup>4</sup>	TOTAL (\$)

**Visitation Travel Expense Guidelines** (Please attach receipts when applicable.)

**SUBTOTAL: \$** \_\_\_\_\_

<sup>1</sup> - Mileage - \$.56/mile

<sup>2</sup> - Meals - \$20/meal/person (daily maximum—\$40/person)

EXCHANGE RATE: (IF APPLICABLE) \_\_\_\_\_

<sup>3</sup> - Lodging - One night with approval of Provincial Coordinator. Moderate rate lodge per region/area

TOTAL REQUESTED (USD): \$ \_\_\_\_\_

<sup>4</sup> - Explain OTHER: \_\_\_\_\_

Please return completed form to Cindy Perazzo as soon as possible. Thanks!

8501 Bailey Road, Darien IL 60561-8417  
630.969.5050

**To:** Director and Community Members

Community Name: \_\_\_\_\_ LCC#: \_\_\_\_\_

**FROM:** \_\_\_\_\_  
Regional Coordinator

**RE:** Provincial Community Visitation Report

**DATE:** \_\_\_\_\_

Dear Director and Community Members,

I am enclosing a follow up of my recent Provincial Visitation to your community. The enclosed is to be read aloud and discussed at your next community meeting. Any directives listed should be implemented as you move forward.

Please do not hesitate to contact me with any questions for clarification I can address with you. I am available to provide assistance and support for your community's life and growth in Carmel.

May the grace and beauty of the Carmelite Way always be visible in our lives and in our Lay Carmelite communities. Mother and hope of all Carmelites, be always with us.

Blessings in Carmel,

\_\_\_\_\_  
REGIONAL COORDINATOR

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
EMAIL ADDRESS

Please keep a copy for your records and send a copy to your Provincial Visitation Coordinator.

**COMMUNITY VISITATION REPORT  
TO BE READ ALOUD AT THE NEXT COMMUNITY MEETING**

**Today's Date:** \_\_\_\_\_

**Community Name:** \_\_\_\_\_ **LCC#:** \_\_\_\_\_

**City/State/ Canadian Province:** \_\_\_\_\_

**Director:** \_\_\_\_\_

**Region:** \_\_\_\_\_

**Regional Coordinator:** \_\_\_\_\_

**Regional Formation Coordinator:** \_\_\_\_\_

**Provincial Area:** \_\_\_\_\_

**Provincial Visitation Coordinator:** \_\_\_\_\_

**Date and Time of Visitation:** \_\_\_\_\_

**Visitor:** \_\_\_\_\_

**Stipend Given:** \$ \_\_\_\_\_ USD/CAD

**Stipend to be sent later to the LCO:** \$ \_\_\_\_\_ USD/CAD

**COMMUNITY STRENGTHS:**

**DIRECTIVES GIVEN TO THE COMMUNITY TO BE IMPLEMENTED:**



## PROVINCIAL LCC CONFIDENTIAL VISITATION REPORT

<b>PROVINCIAL VISITATION COORDINATOR:</b>			<b>AREA #</b>
<b>LCC NAME:</b>	<b>LCC #</b>	<b>CITY, STATE / CANADIAN PROVINCE:</b>	
<b>REGIONAL COORDINATOR:</b>	<b>REGIONAL FORMATION COORDINATOR:</b>	<b>DIRECTOR:</b>	<b>FORMATION DIRECTOR:</b>
<b>DATE OF VISITATION:</b>	<b>TIME:</b>	<b>VISITATOR(S):</b>	<b>STIPEND: USD/CAD</b>
<b>VISITATOR'S OBSERVATIONS / CONFIDENTIAL COMMENTS ABOUT THE VISITATION MEETING:</b>			
<b>COMPLETED BY RC / RFC:</b>			

Please keep a copy for your records and send a copy to your Provincial Visitation Coordinator.