

**CATHOLIC DIOCESE OF ARLINGTON**

**DISBURSEMENT VOUCHER**

*(Attach Back-up / Invoice / P.O.)*

**CANDIDATE  
NAME**

**DATE**

**ADDRESS**

**DEPT/PROJECT**

**Diaconate**

**MAIL**

**W/ENCLOSURE**

**OTHER**

Please call Beth  
x563 for pickup

**AUTHORIZATION**

**PREPARED BY** Beth Bottcher

**SUPERVISOR** Reverend Thomas Ferguson

**APPROVED** \_\_\_\_\_

**ACCOUNTING** \_\_\_\_\_

**DESCRIPTION OF CHARGE & ACCT#**

**AMOUNT OF CHARGE**

Reimbursement for Diaconate *Lunch or Breakfast* (circle one)

**VENDOR#**

**INVOICE#**

**DOCUMENT/  
INVOICE DATE**

**PMT TERMS**  
(Net 30,Demand,etc)

Demand

1000-51-0601-8140

See list of participants on accompanying page

**AMOUNT OF CHECK**

## List of Participants in the Deaconate Program

### Candidate

Mr. Robert E Benyo  
Mr. Daniel A D'Agostino  
Mr. Robert R Gillispie  
Mr. Rafael A Goldsmith  
Mr. Helio A Gomez  
Mr. Thomas H McQuillan  
Mr. Michael J Mochel  
Mr. Patrick A Ouellette  
Mr. Antonio J Remedios  
Mr. Atanacio Sandoval  
Mr. James R Van de Voorde  
Mr. Michael A Waters  
Mr. Gerard Anthony  
Mr. Mark Maines  
Mr. Mike O'Neill  
Mr. Orlando Barros  
Mr. Pablo Rodriguez  
Mr. Tim Slayter  
Mr. Tom Grodek

### Priest/Instructors

Father Tom Ferguson  
Father Paul DeLadurantaye  
Dr Burns  
Dr Matava