

**EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA**

**Check Request Form - 2020**

Payee:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Mileage Reimbursement**

<u>Date</u>	<u>Mileage</u>	<u>Rate</u>	<u>Description</u>	<u>Amount</u>
		.575		
		.575		
		.575		

**Sub Total** \_\_\_\_\_

**Expense Reimbursement**

<u>Date</u>	<u>Description (Receipts must be attached)</u>	<u>Amount</u>

**Sub Total** \_\_\_\_\_

**Total** \_\_\_\_\_

Requested By \_\_\_\_\_

*Please send to the Diocesan Church Center – Attn: Cindy Dougan*