

EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA

Check Request Form – January thru December 2023

Payee:

Name _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Mileage Reimbursement

Date	Mileage	Rate	Description	Amount
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		.655		
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		.655		
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		.655		
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Sub Total _____

Expense Reimbursement

Date	Description (Receipts must be attached)	Amount
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Sub Total _____

Total _____

Requested By _____

Please send to the Diocesan Church Center – Attn: Jeff Mills