

EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA

Check Request Form

Requester:

Name _____ **Phone** _____

Address _____

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

Mileage Reimbursement

| Date | Mileage | Rate | Description | Amount |
|-------------|----------------|-------------|--------------------|---------------|
| _____ | _____ | .575 | _____ | _____ |
| _____ | _____ | .575 | _____ | _____ |
| _____ | _____ | .575 | _____ | _____ |

Total _____

Expense Reimbursement

| Date | Description (Receipts must be attached) | Amount |
|-------------|--|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Total _____

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