

**EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA**

**Check Request Form**

**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>
		.54		
		.54		
		.54		
				<u>Total</u> _____

**Expense Reimbursement**

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

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

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