

**EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA**

**Check Request Form - 2018**

**Payee:**

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

**Address** \_\_\_\_\_

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

**Mileage Reimbursement**

<b><u>Date</u></b>	<b><u>Mileage</u></b>	<b><u>Rate</u></b>	<b><u>Description</u></b>	<b><u>Amount</u></b>
		<b>.545</b>		
		<b>.545</b>		
		<b>.545</b>		

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

**Expense Reimbursement**

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

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

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

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

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