

EPISCOPAL DIOCESE OF NORTHWESTERN PENNSYLVANIA
Check Request Form – January thru December 2026

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>
_____		0.725		\$ _____
_____		0.725		\$ _____
_____		0.725		\$ _____
_____		0.725		\$ _____
_____		0.725		\$ _____
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: Jeff Mills