

Request for Payment or Reimbursement

From the Episcopal Diocese of Pittsburgh



Date of request:

Date service provided or cost incurred:

Purpose:

Person submitting request:

Documentation (list amounts of individual expenses/costs incurred). If reimbursement, provide receipts or other documentation for each individual expense. Mileage will be figured at 67 cents per mile for mileage incurred in 2024 and 70 cents per mile effective January 1, 2025. Provide date, purpose, starting point, destination, and total miles:

Total Amount: \$

Payment should be made to:

Address:

City:

State:

Zip:

For Check Requests of Payments to Others

Signature of person making the request:

(For office use)

Budget category:

Account:

Treasurer's review:

Date:

Check number:

Date: