Request for Payment or Reimbursement From the Episcopal Diocese of Pittsburgh



Date of request:			
Date service provide	ed or cost incur	red:	
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 65.5 cents per mile for mileage incurred in 2023 and 67 cents per mile effective January 1, 2024. Provide date, purpose, starting point, destination, and total miles:			
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:	