

**Remittance Form****2022-2023**Mail Check(s) to: **Diocese of Winona-Rochester Finance Office | Parish/Name:** \_\_\_\_\_**PO Box 588****City:** \_\_\_\_\_**Winona, MN 55987****Date:** \_\_\_\_\_**You may combine the payments from the top two left sections into one check.**

Questions: Ann Ringlien, 507-858-1247 or aringlien@dowr.org

Note: If you use this as a spreadsheet, totals are formulas.

**Diocese of Winona-Rochester Invoice(s)**

Please make check payable to:

**Diocese of Winona-Rochester**

Invoice # Amount

Diocesan Assessment \_\_\_\_\_

Clergy Education \_\_\_\_\_

Other: Shared Services \_\_\_\_\_

Other: Fr Kern Salary \_\_\_\_\_

Other \_\_\_\_\_

**Non Invoice Payments to Diocese of Winona-Rochester**Please make check payable to: **Diocese of Winona-Rochester**

Payment for Amount

Total **Diocese of Winona-Rochester** check \$ -

Check number \_\_\_\_\_

**Diocese of Winona-Rochester Self Insurance Invoice**

Please make a separate check made payable to:

**Diocese of Winona-Rochester Self Insurance**

Invoice # Amount

Self Insurance \_\_\_\_\_

Check number \_\_\_\_\_

**Employee Benefit Invoice(s)**

Please make a separate check payable to:

**Diocese of Winona-Rochester Employee Benefits**

Invoice # Amount

BenMedDenLifeADDLTD Invoice # \_\_\_\_\_

BenSuppLife Invoice # \_\_\_\_\_

BenFlex Invoice # \_\_\_\_\_

Lay Pension - 2012.07 \_\_\_\_\_

Priest Health Insurance Invoice # \_\_\_\_\_

NIFP Assessment Invoice # \_\_\_\_\_

Total **DOW-R Employee Benefits** check \_\_\_\_\_

Check number \_\_\_\_\_

**Pension Plan for Priests for the Diocese of Winona-Rochester Invoice**

Please make a separate check payable to:

**Pension Plan for Priests of the Diocese of Winona-Rochester**

Invoice # Amount

PPP Parish Assessment: \_\_\_\_\_

Total **Pension Plan for Priests of the DOW-R** Check \$ -

Check number \_\_\_\_\_