

# Remittance Form

## 2023-2024

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	_____	_____
Other	_____	_____
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 <u>DOW-R Employee Benefits</u> 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 <u>Pension Plan for Priests of the DOW-R</u> Check	_____	\$ _____ -

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