

**Remittance Form
2018/2019**

Mail Check(s) to: **Diocese of Winona-Rochester: Finance Office**
PO Box 588
Winona, MN 55987

Parish: _____
City: _____
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 Invoices

Please make check payable to Diocese of Winona-Rochester

	<u>Invoice #</u>	<u>Amount</u>
Diocesan Assessment	_____	_____
Clergy Education	_____	_____
Other _____	_____	_____
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 _____

Employee Benefit Invoices

Please make a separate check payable to:

Diocese of Winona-Rochester Employee Benefits

Please attach copy of original Diocesan benefit invoice*

Lay Health Ins	_____
Life/AD&D - 2012.62	_____
LTD - 2012.61	_____
Total Health/Life/Ltd	\$ _____ -
*Lay Pension-2012.07	_____
Flex -2012.10	_____
Supp Life-2012.65	_____
Priests' Health Ins. Invoice # _____	_____
Total DOW-R Employee Benefits check	\$ _____ -
Check number	_____

DOW Office Use Only

20-16 4424	HE	_____
20-16 4425	HD	_____
20-16 4426	HS	_____
20-16 4434	DE	_____
20-16 4435	DD	_____

Pension Plan for Priests for the Diocese of Winona-Rochester

Please make a separate check payable to:

Pension Plan for Priests of the Diocese of Winona-Rochester

	<u>Invoice #</u>	<u>Amount</u>
Parish Assessment:	_____	_____
Total Pension Plan for Priests of the DOW-R Check	\$ _____ -	
Check number	_____	

Diocese of Winona-Rochester Self Insurance Invoice

Please make a separate check made payable to:

Diocese of Winona-Rochester Self Insurance

	<u>Invoice #</u>	<u>Amount</u>
Self Insurance	_____	_____
Check number	_____	