

Remittance Form

2024-2025

Mail Check(s) to: **Diocese of Winona-Rochester Finance Office** | *Parish/Name:* _____
2907 Jeremiah Lane NW *City:* _____
Rochester, MN 55901 *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 _____

Employee Benefit Invoice(s)

Please make a separate check payable to:
Diocese of Winona-Rochester Employee Benefits

	Invoice #	Amount
BenMedDenLifeADDLTD	_____	_____
BenSupLife	_____	_____
BenFlex	_____	_____
Lay Pension - 2012.07	_____	_____
Priest Health Insurance	_____	_____
NIFP Assessment	_____	_____
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	_____	_____

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	_____	_____