

Remittance Form

2021

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 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 Invoice #	_____	_____
BenSupLife 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 _____

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 _____