



The Episcopal Diocese of Western Kansas  
 1 North Main, Suite 418, Hutchinson, KS 67501  
 Diocesan Assessment Report

DATE: \_\_\_\_\_

Name of Parish or Mission: \_\_\_\_\_

City: \_\_\_\_\_

Assessment payment for the month of: \_\_\_\_\_

Year: \_\_\_\_\_

INCOME TO BE REPORTED FOR THE MONTH

|   |       |            |
|---|-------|------------|
| Plate Offerings (Parochial Report Form #1751) | _____ |            |
| Pledge Payments and Other Contributions       | _____ |            |
| Contributions from Parish or Mission          | _____ |            |
| Organizations (Include Church School)         | _____ |            |
| From Diocese                                  | _____ |            |
| Interest Income                               | _____ |            |
| Other (Itemized on back)                      | _____ |            |
| <b>Total Income</b>                           |       | -<br>_____ |

DEDUCTIONS ALLOWED BY DIOCESAN CANON #19

|   |       |            |
|---|-------|------------|
| Major Capital Improvements (Approved by the Diocesan Council) | _____ |            |
| Debt Retirement   | _____ |            |
| Other Deductions (Itemized on back)                           | _____ |            |
| <b>Total Deductions</b>                                       |       | -<br>_____ |
| NET DISPOSABLE INCOME (Income less Deductions)                |       | -<br>_____ |
| <b>DIOCESAN ASSESSMENT FOR (15% of N.D.I)</b>                 |       | -<br>_____ |

REMITTANCE ADVICE

|  |              |            |
|--|--------------|------------|
| BISHOP'S DISCRETIONARY FUND-----                   |              | _____      |
| CLERGY COMPENSATION-----                           |              | _____      |
| 5th Sunday Youth-----                              |              | _____      |
| WORKER COMPENSATION-----                           |              | _____      |
| PROPERTY INSURANCE-----                            | Month: _____ | \$ _____   |
| MEDICAL/LIFE INSURANCE-----                        | Month _____  | _____      |
| OTHER_____   | Month _____  | _____      |
| <b>Total Remittance(include assessment amount)</b> |              | -<br>_____ |

REMITTER : \_\_\_\_\_

TITLE: \_\_\_\_\_