



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

Pledge Payments and Other Contributions

Contributions from Parish or Mission

Organizations (Include Church School)

From Diocese

Interest Income

Insurance Claim Check

Other (Itemized on back)

Total Income

DEDUCTIONS ALLOWED BY DIOCESAN CANON #18

Major Capital Improvements (Approved by the Diocesan Council)

Insurance Claim Check

Other Deductions (Itemized on back)

Total Deductions

NET DISPOSABLE INCOME (Income less Deductions)

DIOCESAN ASSESSMENT FOR (15% of N.D.I)

REMITTANCE ADVICE

BISHOP'S DISCRETIONARY FUND-----

CLERGY COMPENSATION-----

5th Sunday Youth-----

WORKER COMPENSATION-----

PROPERTY INSURANCE-----

MEDICAL/LIFE INSURANCE-----

OTHER-----

Month:

Month _____

Month _____

Total Remittance(include assessment amount)

REMITTER : _____

TITLE: _____