

✠ Roman Catholic Diocese of Boise ✠
Cash Management Internal Transfer Form

DIOCESE INVOICE PAYMENTS

Please debit my cash management account _____

(Account Title)

Location # _____ to pay the following invoice(s) in the amounts indicated below.
 (Sub-Account #)

Phone # _____ Fax # _____ Contact Name _____

 Please ✓ the appropriate boxes.

<u>Type</u>	<u>Month(s)/Invoice #'s To Pay</u> <u>Misc. Notes</u>	<u>Transfer</u> <u>Amount</u>
() LAY PENSION	_____	\$ _____
() PRIEST RETIREMENT	_____	\$ _____
() PARISH ASSESSMENTS	_____	\$ _____
() HEALTH INSURANCE	_____	\$ _____
() PROPERTY INSURANCE	_____	\$ _____
() LIABILITY INSURANCE	_____	\$ _____
() ICR SUBSCRIPTIONS	_____	\$ _____
() ICA PAYMENT	_____	\$ _____
() BACKGROUND CHECKS	_____	\$ _____
() LONG TERM CARE	_____	\$ _____
() WORKER'S COMP	_____	\$ _____
<u>OTHER:</u>		
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

✠ FOR DIOCESE FINANCE OFFICE USE

Transfers Completed: Invoice Payments _____ Other _____