

# ST MARY CONGREGATION

## REQUEST FOR CHECK

Date \_\_\_\_\_

(attach receipt(s) and all relevant documents)

Receipts should contain only reimbursable items. The event and/or business reason for the purchase must be provided to be reimbursed.

Department Head Approval is required prior to submission to Finance Office for check processing.

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Amount: \_\_\_\_\_ Charge to Account \_\_\_\_\_

For: \_\_\_\_\_

Requested by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_ Return Check to Me

\_\_\_\_\_ Mail Check Directly Out

Date Approved	Initial
Code	Amount
Trustee	Date