

St. Mary of the Assumption

REQUEST FOR A CHECK FORM

Make checks payable to: _____

Address: _____ Date submitted: _____

_____ Date needed _____

_____ Amount \$ _____

_____ Account _____

Explanation: (Very Important) Attach all pertinent documents, invoices, requisitions, etc.

Requested by: _____

Approved by: _____

I need this check to be **Mailed direct:** _____

Returned to me _____

FOR OFFICE USE ONLY

Date Received: _____ Date Paid : _____

Check Issued # _____ Amount \$: _____

Invoice# _____

Attach copy or check stub

Issued by: _____

Authorized by: _____ Date: _____