

CHECK REQUEST INSTRUCTIONS

Historic St. Boniface Catholic Church

Parish Founded 1847

www.sbcatholic.church

Date of Request:	
Ministry / Program / Activity:	
Account #:	
Project # Stand #:	
Requested By:	
Check Request Amount:	
Pay To The Order Of:	
Address:	
PO Box:	
City:	
State:	
Zip Code +4:	
Expenses Incurred For:	
(Printed Name of Ministry / Program / Activity Representative)	(Title)
(Signature of Ministry / Program / Activity Representative)	(Date)

Please note: All invoices and receipts must accompany this form and be routed to the finance and resource coordinator at the parish office located at 19630 N 4th Street, St. Meinrad, IN 47577.

Please allow a minimum of 10 days for all check requests.