

Saint Anthony Catholic Church

**CHECK REQUEST**

Parish Organization: \_\_\_\_\_

Date: \_\_\_\_\_

Payee: \_\_\_\_\_

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

\_\_\_\_\_

Request for: \_\_\_\_\_

\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Date Needed: ASAP \_\_\_\_\_

To be Mailed: \_\_\_\_\_ (or) Picked up by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Approved By:** \_\_\_\_\_

Pastor/Business manager

Office Use Only

Distribution:

Account

Amount

\_\_\_\_\_  
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