

# ST. ANTHONY CATHOLIC CHURCH

## CHECK REQUEST

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

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

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

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

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

\_\_\_\_\_

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

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

To be Mailed: \_\_\_\_\_

Picked up by: \_\_\_\_\_

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

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

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

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

Signature: \_\_\_\_\_

Pastor/Business Manager Signature

### OFFICE USE ONLY

DISTRIBUTION

ACCOUNT

AMOUNT

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_