

Saint Rose of Lima - Check Request Form



Date: _____

Pay to Name: _____ Amount: _____

Address, City, St, Zip: _____

Person requesting the check: _____

Reason for the check request: _____

Notes:

- 1) *Please provide 2 copies of anything that must be sent with the payment.*
- 2) If paying an individual for a service a form W9 will be required; speakers, coaches, etc.
- 3) Receipt(s) must be attached to the back of this form for a reimbursement.
- 4) Prepayment requests require a quote or statement attached to this request. If this is not possible, a receipt for the check use must be returned to the office for audit purposes.

Dept-Acct # _____ \$ _____

Dept-Acct # _____ \$ _____ (Total must match amount above)

Parish Accounting Approval:	
Date Approved:	