

# ST. ANNE'S CATHOLIC CHURCH & SCHOOL: CHECK REQUEST FORM

**\*\*NOTE\*\* Please submit this completed form to the bookkeeper a MINIMUM of 3 BUSINESS DAYS before the requested check is needed.**

NAME ON CHECK: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EXPENSE FOR: \_\_\_\_\_ St. Anne's CHURCH \_\_\_\_\_ St. Anne's SCHOOL \_\_\_\_\_ Mater Ecclesiae

EXPENSE DETAILS: \_\_\_\_\_

CHARGE TO ACCOUNT: \_\_\_\_\_ THIS IS A: \_\_\_\_\_ Reimbursement \_\_\_\_\_ Refund \_\_\_\_\_ Payment

THE CHECK SHOULD BE: \_\_\_\_\_ Mailed to the address above \_\_\_\_\_ Placed at the front office for pick-up  
(Person will be contacted at the # provided above) \_\_\_\_\_ Placed in staff mailbox

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_



## COMPLETED BY THE BOOKKEEPER

RECEIVED ON: \_\_\_\_\_ FRONT OFFICE/MAILED ON: \_\_\_\_\_ SALES TAX ELIGIBLE?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Revised: May 3, 2023

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