## 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 #:	<u>.</u>
<b>EXPENSE FOR:</b> St. Anne's CHURCH St. Anne'	
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 Placed in staff mailbox (Person will be contacted at the # provided above)
REQUESTED BY:	
APPROVED BY:	DATE:
COMPLETED	BY THE BOOKKEEPER
COMPLETED	
RECEIVED ON: FRONT OFFICE/MAI	<b>SALES TAX ELIGIBLE?</b> : YesNo
RECEIVED ON: FRONT OFFICE/MAIN  ST. ANNE'S CATHOLIC CHURCH &  **NOTE** Please submit this cort of 3 BUSINESS DAYS be	SALES TAX ELIGIBLE?:YesNo Revised: May 3, 2023  SCHOOL: CHECK REQUEST FORM Properties of the bookkeeper a MINIMUM fore the requested check is needed.
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RECEIVED ON:

SALES TAX ELIGIBLE?: \_\_\_\_ Yes \_\_\_\_No FRONT OFFICE/MAILED ON: \_\_\_\_\_