

PARISH CHECK REQUEST
(PARISHES OF THE ARCHDIOCESE OF ST. LOUIS)
St. Francis of Assisi Church and School



Date: _____ Parish # 232

Organization: _____ Class # (office use only) _____

Make Check Payable To: (must be filled out completely & correctly, even if check not mailed!)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Check Amount: _____
(Sales tax is not reimbursed)

Name & Phone Number of person to contact when check is ready for pick-up.

Name: _____ Phone # _____

Date needed (note: minimum one week lead time) _____

Check if check is to be mailed:

Check if check is to be sent to school: C/O: _____

Amount: _____ Description: _____

Amount: _____ Description: _____

Amount: _____ Description: _____

Amount: _____ Description: _____

If more receipts use back of sheet or add attachment to list

TOTAL: _____

Purpose of check request (who, what, when, where, why of expense)

Expense accounted for in Budget? yes: no:

Approved By: _____

Attach Receipts and Documentations