

ST. MICHAEL THE ARCHANGEL CATHOLIC PARISH

REIMBURSEMENT / CHECK REQUEST

REQUESTS FOR CHECKS MUST BE SUBMITTED ON THIS FORM.

Checks **CANNOT** be prepared without proper documentation **AND** authorization. Examples include: invoices, receipts and statements.

THE CHECK REQUEST WILL BE RETURNED IF DOCUMENTATION AND/OR AUTHORIZATION IS INCOMPLETE.

DEPARTMENT / MINISTRY / ACTIVITY: _____

DEPT./ACCT. CODE (Office Use Only)	PAYEE NAME ADDRESS CITY, STATE, ZIP	\$ AMOUNT OF EXPENSE	EXPENSE DESCRIPTION
/			
/			
/			
/			
/			
/			

\$0.00 Total Amount of Check

If the check is to be charged to various accounts, please list each account number and each amount separately. If you are submitting multiple receipts, list each separately. Please double check each entry and total all entries.

CHECK ONE: Please Mail Check to Address Listed

Please Deliver Check to Me When Ready

SUBMITTED BY: _____

DATE: _____

AUTHORIZED BY: _____

DATE: _____