ST. MARY OF THE ASSUMPTION
REQUEST FOR A CHECK FORM

MAKE CHECK PAYABLE TO:
ADDRESS:

DATE SUBMITTED
DATE NEEDED
AMOUNT ($):

EXPLANATION (VERY IMPORTANT):
Attach all pertinent documents, invoices, requisitions, etc.

Requested by:

Approved by:

I need this check to be: MAILED DIRECT: ☐
RETURNED TO ME: ☐

FOR OFFICE USE ONLY

Date Received:_____ Date Paid:_____
Check Issued #:_____ Amount $: _____
Invoice $ _____

Attach copy or check stub

Issued by:

Authorized by: _____ Date: _____