



CHECK REQUEST

Organization / Program / Activity: _____

Check Request Amount: _____

Date Check Needed: _____

Pay To The Order Of: _____

Address: _____

Mail Check Directly To Payee: Yes No

Mail Check Directly to Representative: _____

Organization/Program/Activity

Address: _____

Expenses Were Incurred For: _____

(Printed Name of Organization/Program/Activity Representative) (Title)

(Signature of Organization/Program/Activity Representative) (Date)

Please note: All receipts and invoices must accompany this form and be directly routed to the Coordinator of Finance at 19630 N 4th Street, St. Meinrad, IN 47577, (aka Parish Office). Please allow 14 days for all check requests.

FOR PARISH OFFICE USE ONLY:

(Signature or Approval by Coordinator of Finance) (Date Received)

Restricted Account # for Payment: _____

Copy of Payment Issued & Sent to: _____
(Date)