

ST. JOSEPH'S CATHOLIC CHURCH CHECK REQUEST

Today's Date: _____

*Date Needed: _____

Amount: _____

Requestor: _____

Phone Number/Ext: _____

Event /Project: _____ Ministry: _____

Reason for Request: _____

Pay To: _____

Address: _____

City, State, Zip: _____

Check to be: ☐ Mailed ☐ Picked Up ☐ Other: _____

Requestor Signature: _____

Authorization: _____

Department Head/Ministry Leader

Office Use Only

Amount

Account # / Class

Amount

Account # / Class

Amount

Account # / Class

Authorization: _____

PED

*Checks are issued on the 10th or 25th of the month. If check is needed sooner, indicate date & allow 2-3 days for processing.

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