

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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