

St. Bernadette Parish Check Request Form



REQUESTER FILLS IN THIS SECTION

Date of request _____ Check Needed By _____

Person requesting _____

Make check payable to _____

Amount of check \$ _____

Purpose

Pick up

Mailed

Home with Child

Child's Name _____ Grade _____

Donation to St. Bernadette

Signature of requester _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Prior approval must be obtained on all purchases by a St. Bernadette staff person or ministry leader. Failure to obtain approval may result in purchaser having to incur expenses.

Authorized Approval _____ **Date** _____

FOR BUSINESS OFFICE USE ONLY

Date issued _____ Check Number _____

Charged to what budget item _____

Comments

Signature