



SAINT ALPHONSUS LIGUORI PARISH

Loved and Called by God

Check Request Form (not for vendors)

5/9/2019

- No – This form is not for reimbursements. If that is what is needed, please complete an Expense Form.
- No - This form is not intended for payment to Vendors.
 - Please submit an invoice instead / along with proof of merchandise received.
- Yes – Auxiliary Account payment Requests (with no invoice – if you have an invoice, write your group on the top of the invoice and submit that.)
- YES – Ordained Stipend Requests
- YES – School or Religious Education Tuition/Fee Refund (**please provide documentation**)
- YES – A Needed for the bank of a fundraiser (**please provide documentation and breakdown on monies**)

Date of Check Request: _____

Your Name: _____

Your Department: _____

Department Head's Signature Approving this Check Request: _____

Name, Address and telephone number of person/business **receiving** check:

- Full Name: _____
- Address: _____
- City, State, Zip Code: _____
- Telephone Number: _____

Date Check is Needed (please allow 3-5 full business days): _____

Brief Reason for Check: _____

What **name** is to appear on the Check? _____

Amount of check request: \$ _____

Signature of person requesting check: _____

Date Received (office use): _____

Date entered & signature (office use): _____