

St. Philip Neri Catholic Church

Check Request

All check request must have invoices/supporting documents and approval before submitting to bookkeeper.

Date: _____

Date Needed: _____

Vendor's Name: _____

Vendor's address: _____

Vendor's City, State, and zip: _____

Check Amount: _____

Purpose of check: _____

Class/Department Name: _____

Requested By: _____

Approved By: _____

Contact number: _____

Check should be:

Picked up

Mailed to vendor

Office use only

Code: _____ Date Completed _____