



St. Patrick

CATHOLIC CHURCH

CHECK REQUEST

Organization or Ministry Name: _____

Purpose: _____

Account Code(s): _____

Check Payable To: _____

Address: _____

Check Request Amount: _____

Requested By: _____ Date: _____

(Dept. Head or Ministry Officer)

– NOTE: Ministry Officers cannot request a check for themselves. If you are the head of a ministry and need reimbursement, please have another officer of that ministry sign above.

Authorized By: _____ Date: _____

(Pastor or Business Manager)

Submit this form along with supporting documentation (receipts) to the bookkeeper.

Please allow approximately one week for processing.

Office Use Only

Check Issued By: _____ Date: _____ Check #: _____

Disposition of Check: _____ mailed to recipient

_____ placed in ministry's or recipient's box

_____ hand delivered (*requires recipient's initials*)