

Our Lady of Grace Catholic Church

317-773-4275

317-773-9344 FAX

CHECK REQUEST

(submit to Parish Accountant by Tuesday for check on Friday)

Date of request: _____

Date needed: _____

PAYEE

Name: _____

Address: _____

Mail to Vendor

OK Give check to: _____

Requested by: _____

Phone number: _____

AMOUNT \$ _____

BILL OR INVOICE Attached

Will follow payment

Department: _____

Account Name: _____

Description: _____

Adm. Approval: _____

(required over \$100)

NOTE: No reimbursements will be issued for sales tax.

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DEPOSIT

Date submitted: _____

AMOUNT \$ _____

PAYOR	ck/cash	\$ AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DOCUMENTATION Attached
on file in Department

Department: _____
Account Name: _____
Description: _____

Submitted by: _____
Phone number: _____

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AMOUNT \$ _____

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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