

ST. COLUMBA CHURCH

CHECK REQUEST

DATE _____

NAME (PRINT)_____ SIGNATURE _____

ADDRESS _____

PHONE # _____

PICK UP CHECK _____ MAIL CHECK _____

DESCRIPTION OF EXPENSE

AMOUNT REQUESTED _____

RECEIPT(S) ATTACHED: YES____ NO____

APPROVED BY _____ SIGNATURE _____

PROCESSED BY _____ DATE _____

GL TITLE _____

GL NUMBER _____

CHECK NUMBER _____