

Check Request

St. Francis of Assisi Catholic Church
850 Douthit Ferry Road
Cartersville, GA 30120

Office: 770-382-4549
Fax: 770-382-4506

Date of Request: _____ Requested by: _____

Payee: _____ Amount: \$ _____

Purpose of Expenditure: _____

Purchase Order/ Event Name (if applicable): _____ Needed by: _____

Item Description	Amount	Ministry/Account to be Charged (office use only)

ALL CHECK REQUESTS SUBMITTED BY MONDAY 8 AM WILL BE PROCESSED WITHIN A WEEK'S TIME.

Mailing Instructions (check all that apply):

Mail check to (address): _____

Mail attached forms with check

ALL RECEIPTS MUST BE ATTACHED. ONLY ORIGINAL RECEIPTS WILL BE ACCEPTED. IF APPLICABLE, ATTACH ORIGINAL APPROVED PURCHASE REQUEST FOR LOCAL PURCHASES

Date: _____ Approved by: _____