

# Check Request



All applicable receipts must be attached to this request. Please return to St. Paul School Office, Attn: PAC Treasurer. Please allow two weeks for processing of checks.

## Request Origination

Requestor:		Date:	
e-Mail:		Telephone:	
Event/Project:	<input type="checkbox"/> Included in annual budget	<input type="checkbox"/> Approved at meeting	Date : _____
Reason for check:			
Is check needed by particular date?		<input type="checkbox"/> No	<input type="checkbox"/> Yes Date: _____

## Check Processing Information

Check Payable to:		Check Amount:	
Address of Payee:			
Choose one:	<input type="checkbox"/> Kid Mail Rm _____ Name _____	<input type="checkbox"/> Hold in office for pick-up by _____	<input type="checkbox"/> Mail to Payee (Attach any documents to be mailed with check)

**Thank You !**

## Approval

Approved by Appropriate Board Member/School Admin/Authorized Representative:	Date:
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## Treasurer Use Only:

Budget Category/Class	Amount	Budget Category/Class	Amount
Approval on budget category/class:			Date:
Recorded in System by:		Date Recorded:	
Check Date:	Check Number:		