

**ACCOUNTS PAYABLE
CHECK REQUEST FORM**

CHECK ONE:

PAYMENT _____

REIMBURSEMENT _____

CHECK PAYABLE TO: _____

TOTAL PAYMENT AMOUNT: \$ _____

Staple documentation or receipt(s) to this form.

CHECK APPROPRIATE FUND/ACCOUNT:

St. Anne C.C.W. _____

St. John School _____

St. John Home & School _____

Faith Formation _____

St. John Church _____

Shared Expense _____

Annual Festival _____

Sausage Supper _____

Other _____

EXPLAIN REASON FOR PAYMENT OR REIMBURSEMENT:

Date: _____

Your Name: _____

Phone Number: _____

Position if Applicable: _____

FOR OFFICE USE ONLY:

Check No. _____ Date: _____

Other _____