

IMMACULATE HEART OF MARY  
CHECK REQUEST

DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK TO: Vendor Name \_\_\_\_\_

Street Address \_\_\_\_\_

City,State,Zip \_\_\_\_\_

Mail Check \_\_\_\_\_

Pick up Check \_\_\_\_\_

INVOICE #	G/L ACCOUNT #	DESCRIPTION	AMOUNT
			\$
			\$
			\$
<b>TOTAL CHECK</b>			<b>\$</b>

AUTHORIZED BY: \_\_\_\_\_

Note: Checks are run once per week. Check requests received in Lorrie Timanus's office by 10:00 a.m. on Tuesdays are available for pick-up or mailing on Thursday afternoon.

Rev. 11/12/18