

**ST. DOMINIC CONGREGATION
CHECK REQUEST FORM**

PREPARED BY: _____

DATE: _____

DATE NEEDED BY: _____

AMOUNT: _____

VENDOR'S NAME: _____

VENDOR'S ADDRESS: _____

This Vendor is (circle one)

NEW

EXISTING

If a New Vendor - please provide a contact name, phone number & website:

DESCRIPTION OF PURCHASED ITEM(S) OR SERVICE:

Will we receive an Invoice or Receipt for this payment?

YES (attached)

No

(If not, why not?)

APPROVED BY: _____

DATE: _____

General Ledger Account Name/Number(s): _____

DATE PAID: _____

Check # _____

INSTRUCTIONS: ATTACH RECEIPT(S) AND ALL RELEVANT DOCUMENTS FOR REIMBURSEMENT REQUESTS

Receipts should contain only professional/reimbursable items. (Do not mix with personal purchases)

The Event and/or Business Reason for the purchase must be provided in order to be reimbursed.

DEPARTMENT HEAD APPROVAL IS REQUIRED prior to submission to Finance Office for processing.

If the Payee is an independent contractor/individual - a W-9 with SSN and address must be on file with the Finance Office for us to meet the Federal requirement of us issuing 1099s for vendor's taxable income.

To Establish a New Vendor: Please work with your Department Head to ensure accurate account set up
Our Sales & Use Tax Exempt Certificate must be provided to New Vendors to exempt us from sales tax