

REQUEST FOR CHECK PAYMENT

Sale tax will not be reimbursed

ORGANIZATION REQUESTING _____



Please pay to: _____

Address: _____

City/State/Zip: _____

Staple all receipts to the back of this form.

DATE _____

[illegible]

Approved by Team Lead: _____

Operations Manager: _____

Requested by: _____

Approved by: _____

(Please print)

Trustee

Phone #: _____

Approved by: _____

Priest