



Date: _____

Payee Information

Name: _____

Address: _____

Phone: _____

Check Handling ☐ Mail ☐ Pickup in Parish Office ☐ Pickup at School

Department Information

1) Select Department ☐ Parish ☐ Boosters ☐ PTO
PTO Project / Program _____

2) Check Requested By: _____

Order Information (Don't forget to attach original receipts)

Store/Vendor	Purpose of Purchase	Receipt Amount	Receipt Amount LESS TAX

TOTAL: \$ _____

Approved by: _____

Account to Charge: _____