



ST. MARGARET of YORK
CATHOLIC CHURCH
9499 Columbia Road, Loveland OH 45140

Check Request Instructions

Date: _____ Enter the date you're submitting the request. Requests are preferred to be submitted within 30 days of purchase.

Payee Information Enter the name, address and phone number of the person **or company** to whom the check should be made payable.

Name: _____

Address: _____

Phone: _____

Check **one** of the boxes below so the office knows what to do with the check. If nothing is selected, it will be mailed.

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

Department Information Check **one** of the boxes below so the office knows from which account the check should be drawn and indicate the name of the person requesting the check.

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

2) **Check Requested By:** _____

Order Information In the table below, (1) **list each receipt separately** and (2) **summarize** the items on the receipt(s) or invoice(s). (There's no need to detail each line item on the receipt. See example below.) Original receipts/order forms **must be provided** for reimbursement.

Store/Vendor	Purpose of Purchase	Receipt Amount	Receipt Amount LESS TAX
Staples	5 Frames to post room occupancy limits (\$8.99/ea) (provided tax exempt ID at point of sale)	\$44.95	\$44.95
Menards	Hardware to hang frames	\$10.77	\$10.00

Total: \$ 54.95

Approved by:

Account to Charge: