



CHURCH OF ST. THOMAS MORE
CHECK REQUEST FORM
(Please print or type)

INSTRUCTIONS

1. A fully-completed Check Request Form is needed for each check being requested.
2. Check requests received in the parish office **by Monday at 12:00 noon** will be processed on **Tuesday** & available for pick-up or mailing by **Wednesday** of same week.
3. Attach original invoice and/or any supporting documentation for this request to this Check Request Form. Please mark any items which are to be sent with the check.
4. *Questions? Please call Natalie Provinse at 758-4100 x104, Mondays-Wednesdays.*

I. CHECK INFORMATION

1. MAKE CHECK PAYABLE TO:

2. ADDRESS *(Include street, city, state, zip)*

3. AMOUNT OF CHECK

4. CHARGE TO ACCOUNT NUMBER/S
(Leave blank if unknown)

5. DATE CHECK NEEDED
(Indicate a specific date)

II. CHECK DISPOSITION

6. HOLD FOR PICK-UP

7. MAIL TO ADDRESS ABOVE *(Box 2)*

CHECK TO BE PICKED-UP BY *(Indicate name below)*

OR MAIL TO THE FOLLOWING ADDRESS
(Include name, street, city, state, zip)

III. JUSTIFICATION AND SPECIAL INSTRUCTIONS

8a. JUSTIFICATION *(Indicate below how check amount was computed and any special instructions)*

8b. Note: Stipends for services rendered by individuals require a Social Security Number. Please print SSI# clearly below.

____ - ____ - ____ - ____ - ____

Approved by (if applies): _____

IV. CHECK REQUESTER INFORMATION

9. NAME

10. TELEPHONE NUMBER

11. DATE OF REQUEST