

**ACCOUNTS PAYABLE  
CHECK REQUEST FORM**

CHECK ONE:

PAYMENT \_\_\_\_\_

REIMBURSEMENT \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL PAYMENT AMOUNT:    \$ \_\_\_\_\_

Staple documentation or receipt(s) to this form.

CHECK APPROPRIATE FUND/ACCOUNT:

St. Anne C.C.W. \_\_\_\_\_

St. John School \_\_\_\_\_

St. John Home & School \_\_\_\_\_

Faith Formation \_\_\_\_\_

St. John Church \_\_\_\_\_

Shared Expense \_\_\_\_\_

Annual Festival \_\_\_\_\_

Sausage Supper \_\_\_\_\_

Other \_\_\_\_\_

EXPLAIN REASON FOR PAYMENT OR REIMBURSEMENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Position if Applicable: \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Check No. \_\_\_\_\_ Date: \_\_\_\_\_

Other \_\_\_\_\_