

Request For Check for Commission Invoices

Name of Recipient: _____

Mailing Address: _____

Contact Person (if a Charity): _____

Amount of check: \$ _____

Authorized by: _____
(PC Commission Liaison Signature)

Date: _____

Budget Category: _____

Item / Service: _____

Is this expenditure budgeted? Yes _____ No _____

REQUEST FOR CHECK

For a Parish Life Commission Event

Today's Date: _____ Amount: _____

Make Check Payable to: _____

Address: _____

Phone: _____

Email: _____

Explanation of Expense: _____

Please indicate your preference:

Mail Check to above address

Put check in mailroom folder: _____

Approved by:

Print Name: _____

Sign: _____ Date: _____

Budget Information:

Apply to: _____