

ST. MARIA GORETTI PARISH & SCHOOL CHECK REQUISITION FORM

A NEW FORM MUST BE FILLED OUT FOR EACH CHECK REQUESTED

CHECKS ARE CUT ON 15TH AND 30TH OF THE MONTH.
REQUESTS MUST BE IN BUSINESS OFFICE 2 DAYS PRIOR.
PLEASE PLAN AHEAD. 😊



DATE SUBMITTED: _____ DATE CHECK IS REQUIRED: _____

DESIRED VENDOR: _____

ADDRESS: _____

CITY, STATE: _____

ZIP: _____

AMOUNT OF CHECK: _____

ORGANIZATION/DEPARTMENT: _____

DESIRED METHOD OF DISTRIBUTION:

IF ORDER FORMS OR SIMILAR DOCUMENTS NEED TO BE SUBMITTED WITH CHECK, REQUEST SHOULD BE PICKED UP & MAILED IN BY REQUESTOR.
PLEASE DO ATTACH A COPY OF FORM(S) WITH THIS REQUEST FOR SMG FILE,

MAIL TO VENDOR: _____ PICK UP TO DISTRIBUTE: _____

REASON FOR REQUEST:

NAME OF REQUESTOR: _____

PHONE NUMBER: _____

(OFFICE USE ONLY)

CLASS: _____

SUBCLASS: _____

ACCOUNT: _____

MEMO: _____