

**St. Thomas More Parish  
Check Request**

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payee: \_\_\_\_\_ Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Purpose of Check: \_\_\_\_\_

Department: \_\_\_\_\_ Code: \_\_\_\_\_ Approved: \_\_\_\_\_

**INSTRUCTIONS**

1. Provide a receipt that documents the purchase.

**Note: Only items purchased for the school should appear on the receipt. NO PERSONAL ITEMS -- This directive comes from the Diocesan Auditor.**

2. Complete the top portion of this form, securely attach receipt(s) to this form, and submit to the principal.
3. Principal will indicate department number, code, and initial approval.
4. Checks for reimbursement will be issued within two weeks unless noted otherwise.

**Thank you for your cooperation!**