

St. Philip the Apostle Catholic Church
5416 Henderson Way
Camp Springs, MD 20746
CHECK REQUEST FORM

| | |
|--|---------------------|
| Date: _____ | Organization: _____ |
| Make check payable to: _____ | |
| Address: _____ | |
| Date Needed: _____ | Amount: _____ |
| Disbursement: <input type="checkbox"/> Return to requester <input type="checkbox"/> Mail direct <input type="checkbox"/> Hold for Pickup | |

EXPLANATION: Attach all pertinent documents, invoices, receipts, etc.

Requested by: _____
Signature

Approved by: _____
Pastor, Principal, and/or Coordinator

| | |
|----------------------|---------------------|
| FOR OFFICE USE ONLY | |
| Date Received: _____ | Date Paid: _____ |
| Check Number _____ | Check Amount: _____ |