

St. Mary Parish/School Luxemburg, Wisconsin

Check Request and Payment Approval Form

Request Date: _____

Date Check Needed: _____

Name of Person Filling out this Form: _____

TOTAL AMOUNT \$ _____

Circle One: **Parish** **School** **Other**

Is this a reimbursement? **YES – NO**

PAY TO THE ORDER OF (Name and Address):

Purpose of Check: _____

Payee Signature / Date _____

Pastor's Approval / Date: _____

Home & School Expense (Circle):	Student Council	Student Incentives
Classroom Discretionary	Events	Field Trip Library
Spring Fling Teacher Appreciation	Fundraising Cost	Other: _____

Account Codes (Admin Only): _____

W9 Already of File ☐

Signed W9 Attached ☐

Check Should be Mailed: ☐

Proper Receipt Attached ☐

Check Should be Returned to:

INVOICE / RECEIPT / W9 / PROOF OF MILES / OR OTHER DOCUMENTATION MUST BE ATTACHED TO THIS REQUEST