St. Charles Church, 880 Tamarack Avenue, San Carlos, CA 94070
Check Request Form

(1) PLEASE COMPLETE

Name: _____

Invoice/P.O. No: _____

To: _____

(2) PLEASE COMPLETE

Deliver/Mail to : _____

_____

_____

Describe on check: _____

(4) PLEASE FILL IN AMOUNT

Amount to pay: _____

Check No. issued: _____

(Receipts must be attached) *** (3)

a copy is acceptable

Charge this expenditure to

Account No.	Department Name	Amount

(4) PLEASE FILL IN AMOUNT

Check Total Amount _____

Handling of check: _____

Description or explanation: REIMBURSEMENT FOR FINGERPRINTING EXPENSE / FEE

Requested By: _____

Approved By: _____

PLEASE SIGN HERE (5)