

**ST. MICHAEL PARENT GROUP
CHECK REQUEST**

AMOUNT: \$ _____ **PAYABLE TO:** _____

DATE CHECK NEEDED: _____ (Allow 1 week for processing)

MAIL CHECK TO: _____
Home address

CHECK TO PICKED UP BY: _____
For Scrip, Hot Lunch or emergency orders only

PURPOSE:

REQUESTED BY: _____ **DATE:** _____

Please attach **original receipts, place in envelope and return to the school office, c/o Carina Gaynier-Parent Group**

APPROVED BY: _____ **DATE:** _____

BUDGET NO.: 7750. _____ **CHECK REQUEST NUMBER:** _____

-----**FOR RECTORY USE ONLY**-----

CHECK NO. _____ **DATE:** _____

**TREASURER
CHECK REQUEST**

AMOUNT: \$ _____ **PAYABLE TO:** _____

PURPOSE:

COMMITTEE: _____

CHECK REQUEST NO. _____ **BUDGET NO. 7750.** _____ **DATE:** _____