St. Roman Parish Check Request

Revised November 2011

Issue Check to:_____

Mailing Address:_____

City/State/Zip:_____

Check Amount:_____

Requested by:_____ Date of Request: _____

Approved by:_____ Date of Approval:_____

Instructions:

_____Hold For Pick Up by _____

_____Send to school to attention of _____

_____Mail to above address. Please note that the original and one copy must be attached to the the payment request if you wish a copy to be mailed along with the check.

Details of payment:

Account #	Description	Amount	Invoice #

Parish Office Use Only

Check #_____ Process date_____ by_____