

**ST. CHARLES BORROMEIO CHURCH
CHECK REQUEST FORM**

AMOUNT: \$ _____ **TODAY'S DATE:** _____

Make Payable To: Name: _____

Address: _____

Requested by: Name: _____

Ministry: _____

Justification: _____

Ministry Account To Be Charged: _____

Approval (Approval may be made only by those authorized to disburse funds for that Ministry): _____

PLEASE NOTE: RECEIPTS MUST BE ATTACHED. PAYMENT WILL ONLY BE MADE FOR THOSE RECEIPTS/INVOICES THAT ARE ATTACHED.