

Check Request

St. Ignatius Parish School
3245 Arden wy
Sacramento, CA 95825
(916) 488-3907

Date of Request: _____ Requested by: _____

↓ Approved by: _____ ↓

~ALL REQUESTS MUST BE APPROVED BY PRINCIPAL OR VICE-PRINCIPAL~

REQUESTS WITHOUT SIGNATURE OF APPROVAL WILL BE DELAYED

FROM ACCOUNT: GENERAL PARENT CLUB SCRIP ATHLETICS 8th Grade

Payee Information:

Name (who check should be made out to):

Address (if check is to be mailed): Hold in office to be picked up:

City: _____ State: _____ Zip: _____

Attention (if any): _____

Request for ___ reimbursement (*receipt must be attached*) or ___ invoice (*billing attached*) (check one)

Funds used for (brief explanation): _____

Amount of Check: \$ _____

Date Required by: _____ or No Rush _____

(Checks could take up to 2 weeks to be issued. Please only enter a date if there is a deadline for payment.)



ACCOUNT CODING:

GL Code:	Amount:	Check #	Memo
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \$ _____ (Amount should equal Amount of Check)

OFFICE USE ONLY:

Date Received: _____

Date Entered: _____