

SPRINGFIELD CATHOLIC SCHOOLS
CHECK REQUEST
2017-18 BUDGET YEAR

Amount of Check \$ _____
Payable To: _____
Address: _____
City, State, Zip: _____

Date _____
Please check one:
_____ **Mail Check**
_____ **Return to Signer**
_____ **Other**

Description of Goods &/or Services: _____

Purpose of check: _____ **Reimburse for expenses**
_____ **Pay attached bill**
_____ **Other** _____

ACCOUNT CODE(S): _____

Organization to charge: _____

Person requesting check: _____
(signature)

Principal/Administrator's Approval: _____
(signature)

CHECK NEEDED BY: _____ (day and date)

Please attach invoices or enclosures to be mailed with check