

Saint Mary of the Mount
Requisition Form
(All spending over \$250)

Date of request: ____/____/____

Date check is needed: ____/____/____

Checks are written on Thursdays (weekly). Please make arrangements if payment is needed sooner.

Person requesting check: _____

Amount (total) of check: \$_____ (make sure receipts are attached)

Description:

Make check payable to : _____

Give or mail check to:

Committee: _____

Chairperson: _____

Check request approved : _____

Chairperson signature & date

*All disbursements or reimbursements exceeding \$50 must be authorized by the committee chair or staff person.

Account: _____
Check date: ____/____/____
Check # _____