

**RESURRECTION-ST. PAUL SCHOOL**

3155 Paulskirk Drive  
Ellicott City, MD 21042  
410-461-9111

**REQUEST FOR A CHECK FORM**

Make check payable to:	_____	Date requested:	_____
Address:	_____	Date needed:	_____
	_____	Amount \$	_____
	_____	Cost Center #	_____

<b>EXPLANATION (VERY IMPORTANT)</b>	<i>Attach all pertinent documents, invoices, requisitions, etc.</i>

Requested by: \_\_\_\_\_  
(SIGNATURE PLEASE)

Approved by: \_\_\_\_\_  
Principal, Supervisor and/or Coordinator  
(SIGNATURE PLEASE)

I need this check to be: Mailed direct: \_\_\_\_\_  
Returned to me: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Date Received: _____	Date Paid: _____
Check Issued # _____	Amount \$ _____
Code(s) # _____	
Vendor # _____	Invoice # _____
Issued by: _____	
Authorized by: _____	Date: _____