

To: Catholic Community of Lawrence County () St. Vincent de Paul 1723 I St. Bedford, In. 47421 (812)275-6539 ext. 224 (X) St. Mary's 777 11 th St. Mitchell, In. 47446 (812)849-3570	DEPT: RE: CHECK REQUEST Date:	Authorization Signature(s) must include Father's <hr/> <hr/>
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PURPOSE:	*
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REMIT TO: NAME & ADDRESS *	AMOUNTS	ACCOUNT DISTRIBUTION
	\$	

Total Check \$	<i>If this is a stipend, one of the boxes below MUST be filled out!</i>	
Reference 2 (Invoice Number)*	<i>Not for Profit ()</i>	
Reference 3 (Customer Acct. Number)*	<i>Social Security Number</i>	
Reference 4 (P.O. number)	Date In:	Date Paid:

ONLY ONE INVOICE PER CHECK REQUEST

If desired, print one copy for your records and send original to parish bookkeeper. Check requests without backup, to be kept in parish office records, will not be processed until backup is received. Backup can and should include packing slip, original invoice, original authorization for purchase.

MUST HAVE STARRED INFO (*) ABOVE. INCOMPLETE INFORMATION CAN RESULT IN DELAYED PAYMENT.

Special Notes:	<u>PAID DATE</u> _____ <u>EFT HHCU</u> _____ <u>CHECK #</u> _____ <u>AMOUNT</u> \$ _____ <u>CONFIRM #</u> _____ <u>OR</u> _____ <u>CHECK #</u> _____
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