PARISH NAME

CHECK REQUEST

Invoice Date: _____

DEPT.: _____

DATE OF REQUEST: _____

Accounting Dept. Use Only	
Date Due	
Vendor No.	
Exempt?	
Reviewed by:	
Prepared by:	
Check No.	
Check Date:	

PAYABLE TO: _____

SSN OR EIN: _____

REMIT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TOTAL AMOUNT $

ACCOUNT NO.	**INVOICE NO.**	**AMOUNT**

PURPOSE OF EXPENDITURE: _____

REQUESTED BY: _____ APPROVAL: _____

Revised 7/1/2010