

# SAN ANTONIO DE PADUA CHECK REQUEST

**PLEASE PRINT**

Date: \_\_\_\_\_

Person Requesting Payment: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**PLEASE ISSUE A CHECK FOR THE FOLLOWING:**

Payment To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Receipt Attached:  Yes  No **NOTE: Reimbursements MUST have original receipts attached.**

Invoice Attached:  Yes: Invoice #: \_\_\_\_\_  No

**HANDLING (please check one)**

Please mail  Hold for pick up  Return to me  Other \_\_\_\_\_

Needed by (date/time): \_\_\_\_\_

**FOR PURCHASES ONLY:**

Pre-approved Purchase Request Attached:  Yes  No

**Office Use Only**

Vendor # \_\_\_\_\_

Acct # \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_