



St. Michael's Parents' Association

### CHECK REQUEST

**Please attach receipts/invoices to back.**

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

Requested by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Payee: \_\_\_\_\_

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

Committee: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Charged: Due From 1340

Approved by: \_\_\_\_\_ (SMPA Treasurer)

Office Use Only: Check #: \_\_\_\_\_

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