

Holy Cross Melkite Catholic Church

Check Request Form

451 West Madison Avenue / Placentia, CA / 92870

(714) 985-1710. office@holycrossmelkite.org – www.HolyCrossMelkite.org

PLEASE PRINT

Date: _____

Person Requesting Payment: _____

Organization/Event: _____

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

Office Use Only

Vendor # _____

Acct # _____

Date Paid: _____

Check # _____