

**ALL PURCHASES
OVER \$200.00 NEED
APPROVAL FROM
FR. THOMAS OR
ROBIN COLE.**

SACRED HEART CATHOLIC CHURCH

1000 Eliot St. · Detroit, MI 48207

CHECK REQUEST FORM

Directions: Complete this form and submit it to organization chair for signature. Reimbursement requests must have receipts attached.

Check #

Issue Date

CHECK TO BE PICKED UP AT CHURCH OFFICE

MAIL CHECK TO THE ADDRESS BELOW

PLEASE MARK BOX FOR PICKUP OR MAIL

DATE REQUESTED _____

DATE NEEDED _____

PAYABLE TO: _____

Street Address _____

City State Zip _____

PHONE _____

DESCRIPTION: _____

OP UNIT	DEPARTMENT	ACCOUNT	CLASSIFICATION	PAYMENT AMT

TOTAL _____

MINISTRY NAME: _____

PREPARED BY: (PRINT) _____

*PREPARER'S SIGNATURE: _____ DATE: _____

*SECOND APPROVING SIGNATURE: _____ DATE: _____

*PASTOR/BUS MGR SIGNATURE: _____ DATE: _____

*** Approving signatures are required before checks can be issued.**

V12.2022

