



# ST. MARK CATHOLIC SCHOOL

WHERE FAITH AND KNOWLEDGE MEET

## Check Request Form

Date Submitted \_\_\_\_\_

Requestor's Name \_\_\_\_\_

Make Check  
Payable to \_\_\_\_\_

Mail Check to \_\_\_\_\_  
\_\_\_\_\_

Please list each expense item on the lines below.  
ORIGINAL receipts must be attached to an 8.5 x 11 sheet and submitted with this form.

Amount	Store Name	Description of Item Purchased / Event / Activity (please include grade)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	total	_____

Approved \_\_\_\_\_

Check Number/Date \_\_\_\_\_