

St. Michael Catholic School
 3705 Stone Lakes Drive
 Louisville, KY 40299

CHECK REQUEST

Invoice Date: _____

DEPT.: _____

DATE OF
 REQUEST: _____

Accounting Dept. Use Only

Date Due _____

Vendor No. _____

Exempt? _____

Reviewed by: _____

Prepared by: _____

Check No. _____

Check Date: _____

PAYABLE TO: _____

SSN OR EIN: _____

REMIT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TOTAL AMOUNT \$

ACCOUNT NO.	INVOICE NO.	AMOUNT

PURPOSE OF EXPENDITURE: _____

REQUESTED BY: _____ APPROVAL: _____

Give to: _____ Need by: _____