

St. Therese Parents Club Check Request Form

Requested by: _____
 Payable to: _____
 Address: _____
 City, State, Zip: _____

Date Requested: _____
 Date Needed: _____

- Send check in mail
 Return check to requestor through
 School Office or School Packet

Item Description	Account	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total:		\$ _____

Office Use Only: Approved by: _____
 Check # _____
 Check date: _____

Please make sure all receipts are attached.
 Approvals may be obtained by the Chair of your fundraiser/event.

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