

**ST. RAPHAEL CHECK REQUEST – rev 10/2017 (yellow)**

1. **DEADLINE: Tuesday by Noon** for Checks on Friday.
2. **Attach** Invoices, contracts, subscription renewals, etc.
3. **Reimbursement Requests** need Proof of Payment (credit card receipts must include details of items purchased)
4. **Attach** remittance slip or anything that needs to be sent with check.
5. If New Vendor, **attach** completed W-9 Form & (Insurance Certificate, if needed)

Office Use: <input type="checkbox"/> W-9 Form <input type="checkbox"/> Insurance
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**PAYABLE TO:** \_\_\_\_\_  **Item Charged to SRA Credit Account**

**Address:** \_\_\_\_\_  **New Address?**

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Hold for Pick-Up by:** \_\_\_\_\_ phone# \_\_\_\_\_)

**Online or Internal Transfer between SRA Accts. FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> <b>0101.10 PARISH GENERAL CHKG</b>              | <input type="checkbox"/> <b>0103.80 NON-TAXABLE FUNDRAISING CHKG</b>     |
| <input type="checkbox"/> <b>0101.</b> ____ / _____ <b>GENERAL CHKG</b>   | <input type="checkbox"/> <b>0103.81 PTO NON-TAXABLE FUNDRAISING CHKG</b> |
| <input type="checkbox"/> <b>0111.</b> ____ <b>CHARITABLE GAMING CHKG</b> | <input type="checkbox"/> <b>0121.82 CAFETERIA CHECKING</b>               |

**BUDGETED EXPENSE: Y / N - If no**, discuss the expense with Parish Manager and/or School Principal to determine how the expense will be funded and what expense account will be charged.)

**Requested By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Charge to Acct #	Charge to Acct. Name (Dept. Name Not Needed)	Description To Be Used in Ledger	Amount
<b>TOTAL REQUEST AMOUNT:</b>			

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Approval** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Internal Approval by Parish Manager or School Principal**