

Archbishop Murphy High School Check Request Form

Date: _____

To: Director of Finance

Please issue a check to:

Payee: _____

Enclosure attached to accompany check

PURPOSE:

Per attached documentation

As follows: _____

DISPOSITION OF CHECK:

mail to payee at address above

Other: _____

TOTAL AMOUNT OF CHECK: \$ _____

ACCOUNTING DISTRIBUTION:

Account #	Account Name	Amount

Party Originating Request

Department Head

Accounting Approval