



St. Francis de Sales School

Praying, Learning and Living Together
Founded in 1964

Check Request Form: Please select one of the following

- Purchase: Used for purchasing an item with a company or for the school that requires payment prior to services rendered
- Refund: Payment was made to St. Francis de Sales School and you would like that money refunded to you.
- Reimbursement: A purchase for the school was made using your own money and you would like reimbursement.

*Complete the following:

*Today's date: _____

*Payable to: _____

*Address: _____

*Description: _____

Remember:
1. Receipts must be present.
2. Sign each receipt.
3. Tape receipts to the back of this sheet and/or additional 8.5" X 11" sheet.
4. Taxes are not reimbursed.

*Check Amount: \$ _____

***Check Delivery Method (choose one)**

- Mailed/Hand delivered
- Pick up at Business Manager's office
- Other: _____

Office use only:

Receive Date: _____

Invoice #: _____ GL Code: _____

Approved by: _____ Date: _____

Processed by: _____ Date: _____