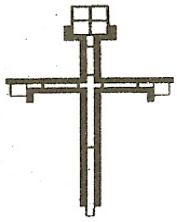

ST. RAPHAEL CATHOLIC CHURCH
CHECK REQUEST

Dept/Ministry to Charge: _____

Date: _____

WEEKLY CUT-OFF: Wednesday at Noon **CHECKS AVAILABLE: Friday Morning**

Requested by:

Name: _____ **Phone:**_____

Vendor Information

Name: _____ **Date Check is Needed:**_____

Address: _____ **Taxpayer Id #:**_____

_____ ***(If Required)***

_____

_____

_____

Payment Description

Reason for Check	Amount
Total Amount of Check	$0.00

Delivery Instructions and Comments

Reset Form

Save Check Request & e-mail to hiltbrunners@saintraphael.org