



ST. ANNE'S CATHOLIC CHURCH

Rejoicing in over 100 years

Expenditure Request/Check Requisition

****NOTE**:** Please submit this form a **MINIMUM of 3 BUSINESS DAYS** before the funds are needed.

Date Submitted: _____

Petal: _____

Ministry: _____

#	TYPE OF EXPENDITURE	AMOUNT
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

TOTAL: \$ _____

CHECK INFORMATION

Paid to: _____

Amount: \$ _____

Address: _____

Was this expense budgeted?: Yes No

REQUESTED BY

Name: _____

Phone #: _____ Email: _____

Ministry Liaison Authorization _____

Date _____

OFFICE USE ONLY

Bill Received On: _____

Paid: _____

Check Request Received On: _____

Sales Tax Review: _____