



Our Lady of the Lake

Check Request Form

Date: _____

ALLOW ONE WEEK FOR PROCESSING

Make check payable to: _____

DO NOT MAIL CHECK: _____
(please highlight)

MAIL CHECK TO:

Street Address: _____

City: _____ State: _____ Zip: _____

Check in Payment of:	Amount	G/L Account #

TOTAL: _____

Requested by: _____

Approved by: _____

Date: _____

Date: _____

Allow one week for processing.

Please keep a copy of the completed form for your department's records.