## St. John Bosco Catholic School

## **Check Requisition**

Date:			
Requested By:			_
		Print Name	
Phone Number:			
Check Payable To:			
Mailing Addraga			
Mailing Address:			
Amount of Check:			
A 1/D 1 11 01			
Account/Department to Charge:			
What event is this purchase for?:			
·			
Description of purchase:			
			\$ -
Receipts / Invoice Attached:	YES	NO	
If NO Dravida Daggar			
If NO, Provide Reason:			_
	-		_
Date Check Needed:			
Delivery of Check:	Office Pickup	U.S. Mail	
Approved By:			
Treasurer (if needed)	Signature	Print name/Title	Date
ricusurer (il riccucu)	Signature	Fill Hame/fille	Date
Approved By: _			_
Department Head	Signature	Print name/Title	Date
Pastor/Principal Approval			
Pastor/Principal ONLY	Signature	Printname/Title	Date