ST. MICHAEL CATHOLIC CHURCH
3705 STONE LAKES DRIVE
LOUISVILLE, KY 40299

CHECK REQUEST

Invoice Date: _____

DEPT.: _____
DATE OF REQUEST: _____

Accounting Dept. Use Only

Date Due _____
Vendor No. _____
Exempt? _____
Reviewed by: _____
Prepared by: _____
Check No. _____
Check Date:

PAYABLE TO: _____

_____

REMIT ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TOTAL AMOUNT $

ACCOUNT NO.	INVOICE NO.	AMOUNT

PURPOSE OF EXPENDITURE: _____

REQUESTED BY: _____ APPROVAL: _____