

ST. DENNIS PARISH

PAYMENT REQUEST FORM

DATE _____

TO PARISH ACCOUNTING OFFICE:

The sum of \$ _____ is requested to
be used for the following purpose: _____

PLEASE MAKE CHECK PAYABLE TO:

Name _____

Address _____

City, etc. _____

DISPOSITION OF CHECK AS FOLLOWS:

Mailed _____ (Yes or No) or given to _____

Signature of authority: _____

Print name of Committee or Organization: _____

Approved by: _____

(Pastor)