

ST. FRANCIS XAVIER SCHOOL

REQUISITION FOR CHECK



Attach original invoice or receipts

Today's Date: _____ Payment Due Date: _____

Pay to the Order of _____ \$ _____

_____ Please hand deliver check to staff signed below.

_____ Please mail the check. Addressed mailing envelope is attached.

_____ Please address envelope and mail check to the following:

Company Name: _____

Attn: _____

Street/PO Box _____

City _____ State _____ Zip _____

Staff Signature: _____

Principal's Signature: _____

*****For Office Use*****

DISTRIBUTION DETAILS

Budget Code	Total Amount	Notes

Revised: 04/25/06 Check Date: _____ Check Number: _____