Check Request

Our Lady of the Assumption Church
1406 Hearst Drive NE
Brookhaven, GA 30319

Requestor: _____

Make Check Payable to: _____

Address: _____

_____

Email Address: _____

Telephone # _____

Date: _____

**** Please attach <u>Original or Scanned Receipts (no .jpeg or .png files)</u> to this form.***
**** Please attach copy of approved PO if over $250.***

Vendor	Date	Amount	Dept or Ministry	Description

Total: _____

Signature of Requestor: Date:

Authorized by: Date:

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