

POPE JOHN XXIII ATHLETIC BOARD

CHECK REQUEST

PAYABLE TO: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

REASON: _____

CHARGE TO: _____

AMOUNT: _____ DATE & TIME NEEDED: _____

REQUESTED BY: _____ DEPT: _____

APPROVED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

Expenses > \$250 require dual approval and thus require additional time

For Accounting Use:

CHECK # _____ **DATE PAID:** _____ **TOTAL\$:** _____

Account# _____ **\$** _____ **\$** _____