

## ST. GILES CCW CHECK REQUEST FORM

**Make check payable to:**

Date Submitted: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Check Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE ATTACH ALL RECEIPTS OR INVOICES TO THIS FORM FOR PROCESSING\*\***

Date	Event/Activity	Vendor Description	Amount
			\$
			\$
			\$
			\$
			\$

Total Amount of Check: \$ \_\_\_\_\_

Please submit all requests **INCLUDING RECEIPTS** by dropping in the CCW mailbox at the Parish Center, via mail/drop off to Natalie Connolly, 1806 N. 79<sup>th</sup> Avenue, Elmwood Park, IL 60707, or email to [natalieconnolly@ameritech.net](mailto:natalieconnolly@ameritech.net). Any questions, call me at 708-218-1433.

To be completed by Treasurer		
Date:	Check #:	Account #: