



ST. RITA of CASCIA HIGH SCHOOL

AN AUGUSTINIAN COLLEGE PREP SCHOOL

Veritas † Unitas † Caritas

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www.stritahs.com

CHECK REQUEST FORM

Today's Date: _____

Check Needed By: _____

Vendor Name and Address: _____

Description: _____

Amount: _____

GL Account: _____

Person Requesting the Check: _____

Department Head Approval: _____

Business Manager Approval: _____

Notes (mail check to vendor, return to check to xxx, include form, etc.):

(PLEASE ATTACH BACKUP TO THIS FORM TO EXPEDITE PROCESSING)