



Check Request /Disbursement Voucher

Payable to: _____

Invoice # _____

Acct.# : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Detailed Description of Expense	Acct #	Amount

(Please attach all Receipts. Diocesan policy mandates that reimbursements cannot be paid without receipts.)

Subtotal: \$ _____

Food 2% Tax: _____ State & County 7% _____ Total Tax: \$ _____

Comments/Special Instructions: _____ Total Amount of Check \$ _____

Requested by: _____

(Your signature also indicates that order and/or services are complete and satisfactory unless otherwise noted)

Approved by: _____

- All checks requests **must be accompanied by packing list and/or receipts**. It is requester’s responsibility to make sure that order, amount of goods/and or satisfactory services have been received.
- Incomplete forms will not be accepted.
- ***Vouchers are due within five working days of expense or receipt of invoice.***