Check Request /Disbursement Voucher

Date:_____ Due Date:_____

Payable to: _____ Mailing Address: _____

City: _____ State: _____ Zip:_____

Detailed Description of Expense	Account Code	Amount

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

Subtotal: $_____

Food 2% Tax: _____ State & County 8%_____ 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.***