

St. Thomas High School
Mother's Club

Invoice Payment Request / Check Request

Make check payable to: _____

Address: _____

Detailed Reason for Request: _____

Amount of Check: _____

Special Instructions: _____

Department/Class Code (3 digits): _____

Account Code (4 digits): _____

Mail Check:

Hold Check:

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

Reminders:

- » Please refer to the Operating Policies & Procedures for full detail on check request policies
- » Requests over \$250 require a Purchase Order
- » Proper documentation/back up/original receipts required
- » Dean/Department Head Signature required
- » Checks are cut on Fridays each week
- » Sales tax will not be reimbursed