## **Mary Queen of Peace Parish Expenditure Check Request**

Expenditure Date:	Amount:
Name of Person Requesting Check	
Name of Person Requesting Check:	
Describe nature of and purpose of the expenditure and where the expense is budgeted:	
Expenditure Authorized by:	
Signature:	Printed Name:
Expenditures may be authorized via e-mail. Check here if the expenditure was authorized by e-mail in lieu of original	
signature. Attached e-mail to this form.	
Commission Incurring the Expense:	
If the expense is to be shared between two or more groups, please check all that apply and note the dollar split in the blank.	
,	
☐ Administrative – General Parish Admin \$	☐ Property & Facilities \$
Adult Education \$	RCIA \$
☐ Archives \$	☐ Religious Education \$
☐ Art & Environment \$	☐ Social Committee \$
☐ Flowers \$	☐ Social Concerns \$
☐ Friends of St. Anthony \$	☐ Spiritual Life \$
☐ Fundraising \$	☐ Stewardship \$
☐ Household (Rectory) \$	☐ Women's Club \$
☐ Music Ministry \$	☐ Youth Ministry \$
☐ Mission \$	☐ Other \$
Check to be made payable to (Payee):	
2.130.130 to 10 .1140 payable to (1 ayes).	
Hold for Pick Up $\square \sim or \sim Mail \square$ If the check is to be mailed, please note the mailing address below.	
Tiold for Fick op $\square \sim 07 \sim \text{Iviali }\square$ if the check is to be mailed, please note the mailing address below.	
Name:	
Address Line 1:	
Address Line 2:	
State: Zip:	
For Office Use Only:	
Check Date:	Check #:
JE Date:	JE Ref Number:
DR Account:	CR Account:
DR Assessed	CD Assessment
DR Account:	CR Account:

Check requests will not be considered for payment unless accompanied by original receipts/invoices.