## **Check Request**

Our Lady of the Assumption Church 1406 Hearst Drive NE Brookhaven, GA 30319

Requestor:				_
Make Check Payable to:				_
Address:				_
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Email Address:		W		_
Telephone #				_
Date:			_	
		* Please attach <u>Oric</u> * Please attach cop	ginal or Scanned Rec y of approved PO if c	<u>seipts (no .ipeg or .png files)</u> to this form. over \$250.
Vendor	Date	Amount	Dept or Ministry	Description
		***************************************		
Total: \$0.00				
Signature of Requestor:			Date:	
Authorized by:	Date:			