St. Francis High School
Check Request

Date: _____   Account code: _____

Check Payable to: _____ Project code: _____
　　　　　　　　　　　　Please Print

　　　Address: _____

　　　　　　　_____

Please provide a detailed description of the items or services to be reimbursed for the event and a total amount. Attach all **original** receipts or invoices to this form and place in Joanne Gallo's mail box. Please refer to the account and project codes listed on the back of this form.

Description	Account Code	Project Code	Amount	

Total $: _____   Requested by: _____

Department: _____   Approved by: _____

Event: _____