

Request for Check

Check PLG EVENT or ACTIVITY:

Date of Request _____

___ Appreciation

___ Festival of Lights Parade

___ Parish BBQ

___ Auction

___ Monster Mash

___ Pancake Breakfast

___ Advent Wreath

___ Kitchen Supplies

___ Pet Parade

___ Christmas Caroling

___ Ladies Chr. Dinner

___ Rummage Sale

___ Crab Feed

___ Turkey Bingo

___ St. Patrick's Day Dinner

___ Easter Vigil

___ Miscellaneous

___ Welcome/Sunday Fellowship

___ Fat Tuesday

___ Young at Heart Senior Luncheon

Other _____

Note: If you are requesting a check for a new Vendor to the Diocese of San Jose please have a signed W9 emailed to jmibach@stsimon.org. All Safe Environment requirements must be met by the Vendor. For any questions please contact Joan Mibach, 650-967-8311 ext. 16 for more information.

Person Requesting _____ Phone _____

Make Check Payable To: _____

_____ Will Pick up Check

_____ Please Mail Check

Address for Mailing; _____

Check Amount: _____

NOTE: Original expense receipts or approved Vendor invoice for payment must be attached.

Description:

Other Instructions:

Requestor's Signature

Event Chair Signature

Note: Please deliver this check request to the Parish Business Office for payment. Check Requests for Vendors to be paid on the day of the event must be received at least 10 days in advance of the event.