

**DIOCESE OF YAKIMA**  
**5301-A TIETON DRIVE**  
**YAKIMA, WA 98908**

**CHECK REQUEST**

**DATE:** \_\_\_\_\_

**PARISH OR INSTITUTION:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**AMOUNT OF CHECK: \$** \_\_\_\_\_

**REASON FOR CHECK:** \_\_\_\_\_

**DATE CHECK NEEDED:** \_\_\_\_\_ (Over \$10,000 allow 5 working days).

**IF SAVINGS WITHDRAWAL, ACCT. #:** \_\_\_\_\_

**PASTOR OR ADMINISTRATOR SIGNATURE:** \_\_\_\_\_

Please mail to diocesan accounting office or fax to: 509-966-8019. You can also e-mail to [darci.heinlein@yakimadiocese.org](mailto:darci.heinlein@yakimadiocese.org).

If this is for a building project, please include a copy of the contractor's application for payment with this request.

\_\_\_\_\_  
For Diocese use only

**VENDOR NUMBER:** \_\_\_\_\_

**PAYMENT DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_