

APPENDIX C

**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 SCHOOL PRINCIPAL SIGNATURE _____

Please mail to diocesan accounting office or fax to: 509-966-8019

You can also e-mail to 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 _____

Chief Finance Officer