

**CATHEDRAL HIGH SCHOOL
LADY PHANTOMS
Check Request Form**

DATE: _____

REQUESTED BY _____

SIGNATURE _____

CHECK PAYABLE TO:

NAME

ADDRESS

CITY **STATE** **ZIP**

ATTENTION

**SPECIAL INSTRUCTIONS FOR
PROCESSING OR MAILING CHECK:**

ITEM DESCRIPTION:	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY:

NAME / TITLE

SIGNATURE

NAME / TITLE

SIGNATURE

PAID OUT

CASH/CHECK	CK #	AMOUNT	DATE