

_____ Date

CATHEDRAL HIGH SCHOOL LADY PHANTOMS

Check Request

Reimbursement Request

Requested By _____

Signature _____

Check/Reimbursement Payable to:

NAME

ADDRESS

CITY STATE ZIPCODE

ATTENTION

SPECIAL INSTRUCTIONS FOR PROCESSING OR MAILING CHECK/REIMBURSEMENT:

ITEM DESCRIPTION

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPROVED BY:

Name/Title

Signature

Name/Title

Signature

CASH/CHECK	CHECK#	AMOUNT	DATE