



St. Michael's Parents Association

Check Request

*Please attach receipts/invoices.

Requested By: _____ Date: _____

Phone Number: _____

Payee: _____

Amount: _____

Committee: _____

Description: _____

Request Total = \$

Account Charged: Due From 1340

Approved by SMPA Treasurer: _____ Date: _____

Office Use Only	
Check #:	_____
Date Paid:	_____