ST. MARGARET of YORK
CATHOLIC CHURCH
9499 Columbia Road, Loveland OH 45140

Check Request

Date: _____

Payee Information

Name: _____

Address: _____

_____

Phone: _____

Check Handling ☐ Mail ☐ Pickup in Parish Office ☐ Pickup at School

Department Information

1) **Select Department** ☐ **Parish** ☐ **Boosters** ☐ **PTO**

PTO Project / Program _____

2) **Check Requested By:** _____

Store/Vendor	Purpose of Purchase	Receipt Amount	Receipt Amount LESS TAX

TOTAL: $_____

Approved by: **Account to Charge:**

Revised June 2025