

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 ADMINISTRATOR 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: _____