
**St. John Fisher PTC
Request for Check**

Payable To:

Name: _____
Address: _____
City/State/Zip: _____
Date Submitted: _____

Explanation of Payment	Amount
_____	_____
_____	_____
_____	_____

Treasurer's Use Only:
Date Paid _____ TOTAL: _____
Check # _____
(if applicable)

Special Instructions or additional information:

Requested by: _____
Phone Number: _____
Email: _____

General Information:

For reimbursement you **Must** attach a receipt of payment.
Place request along with receipts in Treasurer's drawer in the school office.
For any questions, please feel free to contact Laura Shipley (503)544-9441 or
Email: laura.m.shipley@wellsfargo.com