

St. Matthew's Episcopal School

Check Request

Today's Date: _____ Name: _____

Date Needed: _____

Make check payable to: _____

(Address) _____

Purpose:

Amount: \$ _____

Approved By Authorized School Employee: _____

Approved By Authorized School Employee: _____

SLB Operating Account:

Account: _____

Note: Must have 2 signatures for all expenses over \$1000.00