

**St. Cecilia Parish
42 Main Street
Wilbraham, MA 01095**

CHECK REQUEST

Please check one:

VENDOR PAYMENT

REIMBURSEMENT

OTHER
(Explain)

Activity/Function: _____

Date of Activity/Function: _____

Amount of Check: _____

Expense for: _____

PAYEE INFORMATION NEEDED TO ISSUE A CHECK

Name/Company	
Street	
City, State, Zip	
Social Security Number (SSN) or Taxpayer ID (see below)	

Vendor check request:

1. Must be accompanied with an itemized original invoice.

Reimbursement check request:

1. Must be accompanied with a dated itemized original receipt that has been paid in full.
2. Each receipt must be signed and dated by the person who is getting reimbursed.
3. If a personal credit card was used, please feel free to cross out the credit card number.
4. A credit card statement is not an acceptable receipt.

Social Security Number (SSN) or Taxpayer ID:

1. Any self-employed (unincorporated) individual who renders a *service* for St. Cecilia Parish is required to have a completed W-9 form on file in the Parish Office. A *W-9 Request for Taxpayer Identification Number* form is available online at www.irs.gov or in the Parish Office. A check will not be issued without a completed W9 on file in the Parish Office.
2. An SSN or Taxpayer ID is not required for a reimbursement check.

Please Note:

1. Payments to guest speakers, musicians, CYO officials, contractors, etc., will be made after the event has taken place (unless otherwise specified in a contract authorized by the Pastor – please attach a copy of the contract).
2. All payments will be made in timely manner. Please provide a daytime telephone number (below) that you can be reached at if there are any questions.

APPROVAL SIGNATURE REQUIRED FOR CHECK REQUEST

Signature

Daytime Telephone Number

Comments, Further Explanation (If Needed), Special Mailing Instructions, etc.