

Holy Name Catholic Church

3814 Nash Blvd, San Antonio, Texas 78223-3442
Tel: (210)333-5020; Fax(210)333-5021

Request for Check / Payment Record (Attach Receipt or Invoices)

Date of Request: _____

Ministry: ACTS Altar Society
 Catholic Education Ministry CYO
 Guadalupana Men's Club
 Outreach Ministry Religious Education
 Youth Ministry Other: _____

Payable to: _____ Amount: _____

Purpose: _____
If for refund, state the purpose of refund.

Description / Date of Event: _____

Requested by: _____

Approved by:
Treasurer: _____
Ministry Leader/
President: _____

Upon completion, submit a copy to the Parish Office and a copy to the Ministry Treasurer.

Bookkeeper Section

Date of Issue: _____ Check No. Issued: _____

GL #: _____