



St. Catherine of Siena School

Honoring All Students

Check Request Form

Date: _____

Event: _____

Date Requested for check: _____

Amount: _____

Payable to: _____

Address: _____

Requested by: _____

Approved by: _____

Pamela Seto, Principal

Please note receipts must be attached to the request form

+++++Office Use Only+++++

Date Check Issued: _____ Check #: _____

An educational ministry of St. Catherine of Siena Parish since 1949

Fully accredited by WCEA/WASC

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