



Our Lady of Grace Catholic School
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Check Requisition Form

Date: _____

Name of Event _____

Account __ School __ PTG __ Scrip __ Other (specify) _____

Date Requested _____

Date Required _____

Payable to _____

Pickup or Mail: _____

_____ Zip _____

Amount \$ _____

Schoolwide Learning Expectation Addressed/ Explanation of Request:

Requested by: _____

Principal's Approval _____ Date _____

Date check issued _____ Check # _____

REQUESTS MUST BE ACCOMPANIED BY

RECEIPTS OR QUOTES