

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

DEPOSIT FORM

PLEASE NOTE: Income from a Parish function is *never* to be deposited in an individual's personal bank account.

Activity/Function: _____

Date of Activity/Function: _____

Income Source	Cash Amount	Check Amount	Total Per Line Item
Ticket Sales			
Raffle			
Refreshments			
Deposit for Parish Center Use			
Donation Toward Activity			
Other (specify below)			
SUBTOTALS:			
TOTAL AMOUNT (\$) ENCLOSED TODAY:			

During the reconciliation of this deposit, if the actual deposit total does not agree with the "Total Amount (\$) Enclosed Today", do you want to be contacted?

Yes

No

If you wish to be contacted, a daytime telephone number must be provided below. Please be advised that the deposit will only be held up until the next scheduled church deposit.

If you do not wish to be contacted, a copy of this revised deposit will be mailed to you for your records.

APPROVAL SIGNATURE REQUIRED FOR DEPOSIT

Signature

Daytime Telephone Number

Comments, Further Explanation (If Needed), etc.

See other side for Check Request

**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 REQUIRED TO ISSUE A CHECK

Name/Company	
Street	
City, State, Zip	

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. A credit card statement is not an acceptable receipt.

Social Security Number (SSN) or Taxpayer ID:

1. A 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. SSN or Taxpayer ID is not required for a reimbursement check.

Please Note:

1. Payments to guest speakers, 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.

See other side for Deposit Form