



THE  
LUTHERAN CHURCH  
Missouri Synod

# Eastern District Check Request

**Complete Highlighted Areas /Sign & Date**  
**Attach all original receipts**

Deliver check to requestor

<b>Vendor #</b>			<b>Check Amount =</b>					
<b>Name:</b>			<b>Invoice #</b>					
<b>Attention:</b>			<b>Due Date:</b>					
<b>Address:</b>			<b>1099 To Be Issued:</b>			Check if Yes <input type="checkbox"/>		
			If 1099 is issued, provide SSN or EIN:					
<b>City/State/Zip:</b>			<b>Customer/Acct #</b>					
Description								
Purpose of Expense:								
Mileage \$0.35 per mile - tolls included			Miles					
Invoice #	Additional Information		Fund	Org	Account	Prog	Amount	D/C
			110101			2		D
Requesting Department/Organization Approval				Accounts Payable Approval				
Requested By:		Date:		Reviewed By:		Date:		
Approved By:		Date:		Approved By:		Date:		