



THE
LUTHERAN CHURCH
Missouri Synod

Eastern District Check Request

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

Deliver check to requestor

Vendor #			Check Amount =				
Name:			Invoice #				
Attention:			Due Date:				
Address:			1099 To Be Issued:		Check if Yes <input type="checkbox"/>		
			If 1099 is issued, provide SSN or EIN:				
City/State/Zip:			Customer/Acct #				
Description							
Purpose of Expense:							
Mileage \$0.35 per mile - tolls included				Miles			
Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	Pastors Wives Retreat Travel	110101	390108	710202	2		D
Requesting Department/Organization Approval				Accounts Payable Approval			
Requested By:		Date:		Reviewed By:		Date:	
Approved By:		Date:		Approved By:		Date:	