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 ☐
		If 1099 is issued, provide SSN or EIN:	
City/State/Zip:		**Customer/Acct #**	

D e s c r i p t i o n

Purpose of Expense:

BOD TRAVEL

Mileage $0.45 per mile - tolls included Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	BOD Travel Reimbursement	110101	390101	710202	2		D

Requesting Department/Organization Approval		**Accounts Payable Approval**	
Requested By:	Date:	Reviewed By:	Date:
Approved By:	Date:	Approved By:	Date: