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 #**

Description

Purpose of Expense:

Mileage $0.45 per mile - tolls included Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
							D

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