



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> <span style="border: 1px solid black; padding: 2px;">Check if Yes <input type="checkbox"/></span>
	If 1099 is issued, provide SSN or EIN:
<b>City/State/Zip:</b>	<b>Customer/Acct #</b>

### Description

Purpose of Expense:

Circuit Visitors - Vice President

Mileage \$0.45 per mile - tolls included

Miles

Invoice #	Additional Information	Fund	Org	Account	Prog	Amount	D/C
	Circuit Visitor Travel Reimbursement	110101	380103	710202	2		D
	Vice President Travel Reimbursement	110101	380102	710202	2		D

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