



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: <input type="checkbox"/> Check if Yes <input type="checkbox"/> If 1099 is issued, provide SSN or EIN:
City/State/Zip:	Customer/Acct #

Description

Purpose of Expense:

BOD TRAVEL

Mileage \$0.50 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: <input type="text"/>	Date: <input type="text"/>	Reviewed By: <input type="text"/>	Date: <input type="text"/>
Approved By: <input type="text"/>	Date: <input type="text"/>	Approved By: <input type="text"/>	Date: <input type="text"/>