

**OUR SAVIOUR LUTHERAN CHURCH
CHECK REQUEST FORM
FOR**

REIMBURSEMENT **PAYMENT TO VENDOR**

(Check the one above that applies.)

\$ _____ **AMOUNT**

Payee: _____ Phone: _____

Address: _____

Reason for check request: _____

Is the check a result of a committee obligation? Yes No

Name of Committee/Team: _____

Team Leader: _____

COMMENTS: _____

Use back of this sheet for additional comments.

ALL RECEIPTS AND INVOICES MUST BE ATTACHED AND INDIVIDUAL ITEMS MARKED FOR REIMBURSEMENT.

For use by the Treasurer Only....

Account/Note: _____

_____ Check Number \$ _____ Amount _____ Date