

Trindle Spring Evangelical Lutheran Church

Check Request (Vendor Payment or Expense Reimbursement)

Date: _____ Check Amount: \$ _____

Check Request submitted by: _____

Phone number: Home: _____ Cell: _____

Check Payee: _____

Payee Address: _____

Note: If the check request is a reimbursement of an expense, attach original receipt(s) for the exact amount of request.

Reason/Description for check request:

Check the Committee/Budget Expense Item(s) and please list the Budget Subcategory (if known).

| | | | |
|--|--------------------------|--------------|--|
| | Administrative | Subcategory: | |
| | Archives/Historical | Subcategory: | |
| | Christian Education | Subcategory: | |
| | Evangelism & Stewardship | Subcategory: | |
| | Fellowship | Subcategory: | |
| | Keeping Our Church Safe | Subcategory: | |
| | Memorial Fund | Subcategory: | |
| | Outreach | Subcategory: | |
| | Parish Life | Subcategory: | |
| | Property | Subcategory: | |
| | Salary/Support | Subcategory: | |
| | VOM- Music at the Spring | | |
| | Worship & Music | Subcategory: | |
| | Youth/Family Ministry | Subcategory: | |
| | Other | Description: | |

Additional information or comments:

Place completed original form with original receipt in Keith Greiss's mailbox, located outside the church office. Make a copy for your records. Look for a check in the mail a week to ten days after Keith processes it through the bank. This is once he picks up the mail from his mailbox.

Signature: _____ (Office use only.)