THE LUTHERAN CHURCH
Missouri Synod

Eas
Cl

Complete Highlighted Areas /Sign & Date
Attach all original receipts

Vendor #		**Check Amount =**	
Name:		**Invoice #**	
Attention:		**Due Date:**	
Address:		**1099 To Be Issued:**	
		If 1099 is issued, provide SSN or EIN:	
City/State/Zip:		**Customer/Acct #**	

D e s c r i p t i o n

Purpose of Expense:

Mileage $0.60 per mile - tolls included | Miles

Invoice #	Additional Information	Fund	Org	Account	Prog
	Pastors Wives Retreat Travel	110101	390108	710202	2

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

stern District

heck Request

Deliver check to requestor

$0.00

Check if ☐

Amount	D/C
	D

Approval

	Date:
	Date: