

CHECK REQUEST FORM
Amazing Grace Lutheran Church

Please attach all receipts and supporting documents)

Date: ___/___/_____

Payee Name: _____

Payee Address: _____

Invoice # (if any): _____ Invoice Date: ___/___/_____

Invoice Total: \$_____

Reason for Expense: _____

Account to Charge	Activity	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

I confirm by my signature that these expenses were incurred in conjunction with an officially sanctioned activity of Amazing Grace Lutheran Church.

Approved by: _____

(Staff, council member, or committee chair person;
Payee may not authorize).

Date: ___/___/_____

For Treasurer's Use Date Paid: ___/___/___ Amt Paid: \$_____ Check # _____ GL Acct: _____
