CHECK REQUEST

Kansas District LCMS
1000 SW 10th Ave
Topeka, KS 66604-1104

PAYEE INFORMATION:

PAYEE: _____
ATTN: _____
ADDRESS: _____
CITY/ST/ZIP _____

EVENT: _____ **DATE:** _____

DISBURSEMENT INFORMATION

NOTE: In order for the check request to be processed make sure all necessary paperwork *(i.e., Receipts, Contracts, Board Minutes, Committee minutes)* are attached to this form. All expense receipts must be attached with this check request and submitted to the District office for payment within 30 days after events occur.

	ACCOUNT #	AMOUNT
Mileage @		
Parking, tolls		
Airfare		
Lodging		
Meals		
Registration Fees		
Other/Misc		
	TOTAL	

DONATION INFORMATION

☐ ***Check only if you wish to donate any portion of your mileage or expense reimbursement to the District. A gift receipt will be sent to the address indicated above.*** ***Amount donated: $***_____

Signature: _____

BUSINESS OFFICE AND APPROVAL INFORMATION

Department Approval: _____ **Business Manager Review:** _____
Check Date: _____ **Check #:** _____