## AS NIS

## **CHECK REQUEST**

Kansas District LCMS 1000 SW 10th Ave Topeka, KS 66604-1104 785-357-4441

		PAYEE INFORMATION			
PAYEE:					
ATTN:					
ADDRESS:					
CITY/ST/ZIP					
EVENT:		DATE:			
		DISBURSEMENT INFORMATIO	N		
Board Minutes,	Committee minutes) a	o be processed make sure all necessa re attached to this form. All expense r office for payment within 30 days after	eceipts must be attac		
			ACCOUNT #	AMOUNT	
Mileage		@			
Parking / Tolls					
Airfare					
Lodging					
Meals					
Registration F	ees				
Other / Misc					
-			TOTAL DUE		
		DONATION INFORMATION			
Check only	if you wish to donate a	any portion of your mileage or expense	e reimbursement to th	ne District. A	
gift receipt v	vill be sent to the addr				
Signature:		Amount do	nated: \$		
	BUSINES	SS OFFICE AND APPROVAL INF	ORMATION		
Department A	pproval:	Business Manager Review:			
	Check #:				