

Holy Trinity Lutheran Church 605 W. Market St. Leesburg, Virginia 20176 (703) 777-4912 Fax: (703) 777-4916	APPROVED EXPENDITURE				
Requested By: _____ Date: _____ Payable To: Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Amount Requested: _____ Charge Line Item: _____ Reason: _____ _____ _____					
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Mail Directly To Payee <input type="checkbox"/> Mail With Attachment To Payee <input type="checkbox"/> Give Check to Requester <input type="checkbox"/> Other _____ _____ </td> <td style="width: 50%; vertical-align: top;"> _____ Approved by Chairperson Date _____ Approved by Finance Chair Date _____ Approved by Council Date </td> </tr> <tr> <td colspan="2"> Date and Disposition of Check: _____ </td> </tr> </table>		<input type="checkbox"/> Mail Directly To Payee <input type="checkbox"/> Mail With Attachment To Payee <input type="checkbox"/> Give Check to Requester <input type="checkbox"/> Other _____ _____	_____ Approved by Chairperson Date _____ Approved by Finance Chair Date _____ Approved by Council Date	Date and Disposition of Check: _____	
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