

**HOPE LUTHERAN CHURCH**

**CHECK PAYMENT REQUEST**

please print (except signature)

DATE: \_\_\_\_\_

MINISTRY: \_\_\_\_\_

NAME: \_\_\_\_\_

EXPENSE: (please describe and attach receipts if applicable)

WHAT FOR: \_\_\_\_\_

WHEN: \_\_\_\_\_

WHO: \_\_\_\_\_

HOW MUCH:         \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

Address if not on file:

Street: \_\_\_\_\_

City/State \_\_\_\_\_

Zip \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

ACCOUNT(S): \_\_\_\_\_

PAID BY CHECK NUMBER (if stub not attached) \_\_\_\_\_