

Reimbursement Request

Vendor Payment

## CHECK/PAYMENT REQUEST

**Salem Lutheran Church**

Date of Request \_\_\_\_\_ Date Needed \_\_\_\_\_ Amount \_\_\_\_\_

Payable To \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Purpose \_\_\_\_\_

Special Instructions \_\_\_\_\_

Mail Check to:

Payee

Steward/Supervisor (Name c/o Salem) \_\_\_\_\_

Other (Name and Mailing Address) \_\_\_\_\_

Requested By \_\_\_\_\_ Steward/Supervisor Approval \_\_\_\_\_

**PLEASE ATTACH RECEIPTS FOR REIMBURSEMENT REQUESTS**

*Finance only use below*

**Payment Source:**  ACCU – Church Operations  ACCU – School Operations  MIF – Building Fund

Expense Account \_\_\_\_\_

Fund \_\_\_\_\_ % \_\_\_\_\_

Fund B (if needed) \_\_\_\_\_ % \_\_\_\_\_

Cleared to pay by \_\_\_\_\_ Date to pay \_\_\_\_\_

Authorization 1 \_\_\_\_\_

Authorization 2 \_\_\_\_\_