

**The Lutheran Church of Our Savior
7365 Indian Head Hwy
Bryans Road, MD 20616
301-375-7507**

Check/ Authorization for Payment Request

Vendor/ _____ Date Requested: _____
Payable to: _____ Date Needed By: _____
Address: _____

Invoice #/ Receipt	Date	Amount	Account #	Department

Special Instructions: _____

*Amount of Check: _____
 Authorized by Church Council on Date: _____
 Budget Expenditure

Requested by: _____ Phone Number: _____

Please attach supporting documentation, invoices and/or receipts.

- Requested amount must match documentation.
- Get Department head to sign request.
- Then place request in Treasurer's Box.

For Office Use Only:

Approved by Department Head: _____ Date: _____
Treasurer's Approval: _____ Date: _____
Date Paid: _____ Check #: _____ Date Mailed: _____
Date given to Requestor: _____