

Trinity Lutheran Church & Preschool Manhattan Beach
Check Request – All Fields Required for Payment

Date: _____

Amount: _____

Payable to: _____

Address: _____

Phone: _____

Description – please provide a detailed description of the expense. For amounts above \$25, a receipt for invoice must be attached:

Expense category (if known), or ministry/program:

Submitted by: _____

Phone: _____

Approved by: _____
Committee Chair or Authorized Director

Treasurer, President or Senior Pastor

Reimbursements can take up to 30 days.

Return Check to: _____

Office Use Only	
Check #:	_____
Date:	_____
Account:	_____