

Los Altos United Methodist Church

Check Request Form

Purpose of Request:

Reimbursement

Check to be:

Mailed

Put in box

Invoice (Attach W9 if invoice for independent contractor)

Mileage Reimbursement

Will money come in to offset this cost?

Yes

No

Payment Information:

Request Date:

Check amount:

Payable to:

Address:

City:

State:

Zip:

Email:

Phone:

Expense Information:

Event Date:

Name of event:

Department name:

Description/purpose:

Other Instructions /
information:

Accounting Code:	Location (LA, MV, CC, CI)	Dept. (eg. Facilities)	Program (UXXXX)	Expense Code (eg. Food, Supplies, etc)	Project Code (if applicable)	Amount
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Requestor Signature_____
Approver Signature_____
Date_____
Date