

**Eastern North Carolina Lutheran
VIA DE CRISTO
Check Request Form**

Pay To: _____
 Mailing Address: _____

Date: _____

Invoice Number	Invoice Date	Description & Purpose of Expenditure	Amount
Total Amount of the Request			

NOTE: The original invoice/receipt must be attached for a reimbursement. If no invoice/receipt is available, please explain with attached note. Email check requests will be accepted as long a receipt is mailed. Failure to provide invoice/receipt will affect future email requests from the check requestor. Send to ENCLVDC Treasurer for payment.

All check requests must be approved by ENCLVDC President or Treasurer. By signing below, the requestor certifies that this expenditure has been used for the ENCLVDC purposes.

 Check Requestor (Signature) Phone

 Authorized Signature Phone

 Check Requestor (Print)

For Treasurer's Use Only – ENCLVDC: Check #: _____ Date: _____
--