Greater Milwaukee Synod
Evangelical Lutheran Church in America
PO Box 341695 Milwaukee, WI 53234
www.milwaukeesynod.org
(414) 671-1212

CHECK REQUEST FORM

Today's Date:_____ Date Check Needed:_____

Vendor Name:_____

Is W-9 on file: Yes_____ No_____ *If No, please collect W-9 & turn in with 1st Invoice*

Vendor Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ email:_____

Invoice #:_____ Invoice Date:_____

Amount to Pay: _____

Acct#:

(Use drop down box above to select account)

SAWC or Fund Acct:#:

(Use drop down box above to select account)

Comments:

Prepared By:_____ Approved By:_____

Please email scanned copies of invoices or receipts to back up expenditures for payment or reimbursement.

Email all documents to finance@gmselca.org or matt.short@gmselca.org for SAWC's.