



PO Box 341695 Milwaukee, WI 53234
www.outreachforhope.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: _____

Acct#:

Amount to Pay: _____

(Use drop down box above to select account)

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 chris@outreachforhope.org or finance@gmselca.org.