ST. LUKE'S EPISCOPAL **CHURCH**

_____ Check Request   _____ Reimbursement Request   _____ Invoice to be paid

Date of Request: _____   Ministry/Program _____

Check payable to:_____$Amount_____

Account / ID Number (if applicable) _____

Address: _____

City_____   State _____   Zip _____

All receipts/invoices/documentation of expenditure MUST be attached.

Account Number to be Charged	Description of Purchase	Amount
		Total:

Submitted by: _____

_____   _____
Vestry Liason/Commission Chair approval   Rector approval
Check picked up:_____   Check mailed:_____