

TRINITY LUTHERAN CHURCH  
1410 ROGERS STREET  
STEVENS POINT, WI 54481

**REQUEST FOR PAYMENT/REIMBURSEMENT**

Issue check to: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Date needed by \_\_\_\_\_

Account (s) to charge:

<b>Amount</b>	<b>Account Description</b>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

Payment Description: \_\_\_\_\_

Check Disposition: \_\_\_\_\_

Comments: \_\_\_\_\_

Requested By \_\_\_\_\_ Date \_\_\_\_\_