

Our Saviour Lutheran Church

1845 Cambria St NE
Christiansburg, VA 24073



REIMBURSEMENT/CHECK REQUEST FORM

Please obtain responsible Committee Chair signature authorizing expenditure
PRIOR to submitting invoices/receipts to Treasurer for payment

Date of Request: _____

Requestor Name: _____

Amount of Request: \$ _____

Expense Category: _____

Included in current year budget YES NO (please check appropriate box)

Committee Chair Signature: _____

Make check payable to: _____

Deliver by date: 7 business days after date submitted

Mail check to:

Name: _____

Address: _____

(PLEASE REMEMBER TO ATTACH SUPPORTING DOCUMENTATION FOR PAYMENT)

For OSLC Treasurer Use ONLY:

Check # _____

Post Date: _____