

Great Lakes Region of the Wesleyan Church

Check Request Form

(Use this form to request payments or expense/mileage reimbursements, use a separate form for each Payee)

Name of Requestor: _____

Date of Request: _____

Amount of Request:

Purpose of Expense (Committee, Event, Gift, Pastoral Review, etc):

Make Check payable to:

NAME

ADDRESS

CITY, STATE, ZIP CODE

2022 Mileage Rate: _____

0.625

Total Miles from below: _____

Mileage Reimbursement:

Mileage for use of personal vehicle

Date	Purpose	Travel FROM	Travel TO	Miles Travelled
Total Miles:				<input type="text"/>

Reimbursable Expenses (please attach receipts):

Date	Vendor	Description	Amount
TOTAL EXPENSES:			<input type="text"/>

Honorariums/Stipends:

Total Mileage:

Total Expenses:

AUTHORIZED BY (SIGNATURE)

Email to: adegraaf@thegl.org

TOTAL REIMBURSEMENT/PAYMENT: