



13402 W. 92nd St.
 Lenexa, KS
 66215-3637

Office: 913-888-5051
 Web: salemlutheran-ks.org

Expense Payment Form

Name/Payee: _____

Date Requested: _____ Total Amount: _____

Contact email: _____ Contact Phone: _____

REQUIRED, Team Leader Signature: _____
 (must be submitted by Team Leader)

Reason for payment: _____

Please attach receipts – Exp. Account Number & Line Item Description required

Checking Account # (if applies)	Expense Account #	Exp. Account Line Item Description (from Account Look-Up list)	Amount
Other		Please call Financial Secretary or Treasurer	