

Metropolitan Chicago Synod
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***Team / Committee Deposit, Pre-payment, or Expense Check Request Form ***

Date:

PAYABLE TO: Name

Address

City, State, ZIP

AMOUNT: \$

TEAM / COMMITTEE:

Account (Office Use):

DESCRIPTION:

SIGNED: _____

Note: Copy of Contract, agreement, or invoice must be attached to substantiate deposit, pre-payment, or expense being requested. This form may not be used for volunteer reimbursements. For volunteer reimbursements, use the volunteer reimbursement form located on our Web site - www.mcselca.org.