

**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](http://www.mcselca.org).