

CHECK REQUEST

Lansing Christian School
3405 Belle Chase Way
Lansing, MI 48911

Payable to _____ Date _____

Address _____

City _____ State _____ Zip _____

Amount \$ _____ Charge to _____

Reason for cash _____

Requested by _____

Approved by _____ Date needed _____

Received by _____ Date _____

ATTACH RECEIPTS TO THE BACK OF THIS FORM

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