Purchase Authorization and Check Request Form

Description of Item

Expense Category or Ministry Departmen t

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$

$

$

$

**Total: $**

Date of Request:

**Purpose:**

-

-

Authorization to Purchase

Make Check Payable To:

-

-

Debit & Credit Reconciliation

Address :

\_\_ Check Request

Amount of Check : $

Cost

Check Distribution Method:

Distribute Through Church Office

Phone *I* E-mail:

Mail to:

Address:

Person Requesting Check:

Date Check is Needed:

Approved By: ------------------

For Debit & Credit Card Purchases : Current Balance : This Purchase: New Balance: