

# Purchase Authorization and Check Request Form

Date of Request: _____ _____	<b>Purpose:</b> _____ Authorization to Purchase _____ Debit & Credit Reconciliation _____ Check Request	
Make Check Payable To: _____		
Address: _____		
Amount of Check: \$ _____		
<b>Description of Item</b>	<b>Expense Category or Ministry Department</b>	<b>Cost</b>
		\$
		\$
		\$
		\$
		\$
	<b>Total:</b>	\$
<b>Check Distribution Method:</b>		
_____ Distribute Through Church Office	Phone / 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: \_\_\_\_\_