

Purchase Authorization and Check Request Form

| | | |
|---|--|------|
| Date of Request: _____ Make Check Payable To: _____ Address: _____ Amount of Check: \$ _____ | Purpose: _____ Authorization to Purchase _____ Debit & Credit Reconciliation _____ Check Request | |
| Description of Item | Expense Category or Ministry Department | Cost |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total: | \$ |
| Check Distribution Method: <div style="display: flex; justify-content: space-between;"> _____ Distribute Through Church Office Phone / E-mail: _____ </div> <div style="display: flex;"> _____ Mail to: _____ </div> <div style="display: flex;"> Address: _____ </div> <div style="display: flex;"> _____ </div> Person Requesting Check: _____ Date Check is Needed: _____ | | |

Approved By: _____

For Debit & Credit Card Purchases:

Current Balance: _____

This Purchase: _____

New Balance: _____