

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																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Description of Item</th> <th style="width: 20%;">Expense Category or Ministry Department</th> <th style="width: 10%;">Cost</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr><td> </td><td> </td><td style="text-align: right;">\$</td></tr> <tr> <td colspan="2" style="text-align: right;">Total:</td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>	Description of Item	Expense Category or Ministry Department	Cost			\$			\$			\$			\$			\$			\$	Total:		\$	
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		\$																							
		\$																							
		\$																							
Total:		\$																							
Check Distribution Method: _____ Distribute Through Church Office Phone / E-mail: _____ _____ Mail to: _____ Address: _____ _____																									
Person Requesting Check: _____																									
Date Check is Needed: _____																									

Check No. _____

Approved By: _____

For Debit & Credit Card Purchases:

Current Balance: _____

This Purchase: _____

New Balance: _____