Payment Authorization

Today’s Date: _______________

Date of Purchase: ____________

Person who made the purchase (if different from Ministry Team Leader)

______________________________________________ Date: ________________

Authorized by (Ministry Team Leader)

Vendor Name: ____________________________________________ (Who the check is to be made out to)

Amount of Purchase: ________________

Description of item(s) or services purchased: ____________________________________________

________________________________________________________________________________

________________________________________________________________________________

Budget Line item to be charged: ____________________________________________

______________________________________________ Date: ________________

Authorized by (Pastor or Finance)

______________________________________________

Date received by office