



Grace Congregational Church (GCC) Purchase Authorization and Check Request Form

Date of Request: _____ Amount Requested: \$ _____

Date Needed: _____ Payable to: _____

Requested by: _____ Address: _____

Department: _____

Funding Source: Department General

Detailed description or explanation for expense: _____

Purpose:

Advancement on Expenses (original receipts are due upon reconciliation)

Expense Reimbursement (attach all original receipts)

Debit/Credit Reconciliation

Check Distribution Method:

Church Office Contact Phone/E-mail: _____

Mail to: _____

Funds Approval

Department Leader/Director (*cannot be same individual as requestor*) Date

Requests over \$200 require Executive Pastor Approval

Executive Pastor (*cannot be same individual as requestor*) Date

Requests over \$1,000 require Senior Pastor Approval

Senior Pastor Date

For Finance Department Use ONLY:

Status: Approved Budgeted Approved Non-Budgeted Waitlisted Denied

If denied, justification: _____

If approved, date paid: _____ Check # _____ Check Amt: _____ Initials: _____

For advancements ONLY, difference in requested and actual cost (with original receipts): _____

Advancement reconciliation: Due to Finance: _____ Due to Member: _____