



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

Date of Request: _____ Payable to: _____
Date Needed: _____ Address: _____
Requested by: _____
Department: _____
Amount Requested: \$ _____

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 Leadership (*cannot be same individual as requestor*) Date

Requests over \$200 require a Presbyter Approval

Presbyter (*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: _____