Purchase Authorization and Check Request Form

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | **Purpose:**  Authorization to Purchase  Debit & Credit Reconciliation  Check Request | |
|  |
| Make Check Payable To: |
| Address: |
| Amount of Check: $ |
|  |  | | |
| Description of Item | | Expense Category | Cost |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | | **Total:** | $ |
| Check Distribution Method:  Distribute Through Office Phone / E-mail:  Mail to: Address:  Person Requesting Check: | | | |
| Date Check is Needed: | | | |

Approved By:

For Debit & Credit Card Purchases: Current Balance:

This Purchase:

New Balance:

