

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	
Description of Item	Expense Category	Cost
		\$
		\$
		\$
		\$
		\$
	Total:	\$
Check Distribution Method: <div style="display: flex; justify-content: space-between;"> _____ Distribute Through Office Phone / E-mail: _____ </div> _____ Mail to: _____ Address: _____ _____		
Person Requesting Check: _____		
Date Check is Needed: _____		

Approved By: _____

For Debit & Credit Card Purchases:

Current Balance: _____

This Purchase: _____

New Balance: _____

