



**Request Date:**

<h2 style="text-align: center;">PAYMENT AUTHORIZATION FORM</h2>
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**Payment Requested By:** \_\_\_\_\_

**Item or Service Purchased:** \_\_\_\_\_

**Check Amount Requested:** \_\_\_\_\_

**Check Payable To:** \_\_\_\_\_

**Charge Budget Account:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

*(Pastor, Council or Mission Liaison)*

*You cannot approve your own payment request.*

*Approval by another mission liaison, council member, or the pastor is needed.*