

Rich Pond Baptist Church

Purchase Authorization & Check Request Form (PCR)

**Purpose:**

Check Request for Vendor Payment

Check Request for Reimbursement

Credit Card Charges

Authorization to Purchase

Date of request: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bona Fide Business Purpose (describe purpose of expenditure):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Item Purchased	Expense Category	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \_\_\_\_\_

Person Requesting Payment/Purchase Authorization: \_\_\_\_\_

Signature: \_\_\_\_\_

Payment/Purchase Authorization Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_