Date:

# FALLBROOK CHURCH

# CREDIT CARD AUTHORIZATION FORM

***Note:*** *This form must be turned in by Monday to receive payment the following Thursday.*

*(****All receipts must be turned in within one week after the check is issued****.)*

| Event Name: |  |
| --- | --- |

**Budget: For Finance Dept. Use Only**

| Budget Balance | $ |  | Bank Account: |  |
| --- | --- | --- | --- | --- |
| Item/Event Amount | $ |  | Account: |  |
| New Budget Balance | $ |  | Sub-Account: |  |
|  |  |  | Class: |  |
|  | | | Sub-Class: |  |
| Memo: | | | | |

| Quantity | Article | Unit Cost | Total Cost |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

| Ministry: |  | | Date of Check/Credit Card: | | | | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |
| Pay To: |  | | Amount: | |  | | | | |
|  |  | |  | | | | |  | |
| Address: |  | | | | | | | | |
|  |  | | | | | | | | |
| City: |  | | State: |  | | | Zip: | |  |
|  |  | |  |  | | |  | |  |
| Requested By: | |  | Endorsed By: | | |  | | | |
|  | |  |  | | | **(Ministry/Department Head Only!)** | | | |
| Approved By: | |  | Check #: | | |  | | | |
|  | |  |  | | |  | | | |
|  | |  | CC Used: | | |  | | | |

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Please make sure requisition is signed by Ministry/Department Head. Will not be processed without signature!

***revised 12/1/17***