



"Making His Will, Our Will"

Financial Transaction Approval Form

Reimbursement <input type="checkbox"/>	Debit Card Usage <input type="checkbox"/>
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Please submit your completed form to Finance@godswillchristianchurch.org

Ministry: Administration Audio/Visual Outreach Helps Hospitality
 Music Groups (Youth, Men, Women, Singles, Marriage) Education

Name: _____ **Phone No:** _____
Email: _____

Purpose for Purchase (s) _____

Date	Store/Vendor Name	Description	Total Cost

Attach additional pages if necessary.

 Do not forget to attach receipts for reimbursement requests.

Grand Total \$ _____

 Authorized Ministry Lead Signature

 Date

 Finance Officer Approval

 Date

 Director of Administration/Asst. Director of Administration

 Date

Official Use Only:	Date Paid _____	Check No. _____
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