

**Care Team
AUTHORIZATION VOUCHER**

For Reimbursement or Payment of Church-Related Expenses

Attach corresponding Receipt(s) / Invoices behind this voucher

EXPENSE PAYMENT INFORMATION:

Date: _____

Amount of Check / Charge: \$ _____

Account Number to be charged: _____

(See approved accounts on back)

For Personal Reimbursement: (You paid for it)

Make Check Payable to: _____

Send Check to me OR Leave in my GBC Mailbox

Charged to Church - Pay from Invoice

Charged to Church VISA Credit Card

DESCRIPTION OF EXPENSE: (PLEASE BE LEGIBLE)

CARE TEAM ACCOUNTS

92010	SUNDAY HOSPITALITY
92850	CONGREGATIONAL MEALS
92900	Deacon's Fund
92960	FUNERAL MINISTRY
93020	COMMUNION
93140	OUTREACH DINNER
93150	BABY CELEBRATION
93160	FOOD BANK
93170	ENCOURAGEMENT MATERIALS

REV 2025.0125

AUTHORIZING SIGNATURES:

Purchased By: _____

Commission
Chairman: _____