

MISSIONS- LOCAL Team

AUTHORIZATION VOUCHER

For Reimbursement or Payment of Church-Related Expenses
Attach corresponding Receipt(s) / Invoices behind this voucher

MISSIONS -LOCAL

- 93500 PARTNER'S IN EDUCATION
 - 94215 LOVE INC CLIENT ASSIST
 - 94220 KITCHEN ESSENTIALS
 - 94841 LOVE INC MEMBERSHIP
 - 99030 OUTREACH MATERIALS
 - 99037 OUTREACH ACTIVITIES & EVENTS
- REV 2023.0801

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 OR FLOWTHROUGH REQUEST: **(PLEASE BE LEGIBLE)**

AUTHORIZING SIGNATURES:

Purchased By (Please Print): _____

Commission
Chairman: _____