

**Care Team
AUTHORIZATION VOUCHER**

For Reimbursement or Payment of Church-Related Expenses

Attach corresponding Receipt(s) / Invoices behind this voucher

Date: _____

EXPENSE PAYMENT INFORMATION:

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

IF Charged to Church:

Pay from Invoice

Charged to Church - But NOT a Charge Card :

(This would include Martin Brothers, Weber's, Sam's Club, Postal Plus, Etc)

Charged to Church Credit Card Account:

Type of Card : VISA Hy-Vee Kwik Trip Menard's

: Office Depot Other _____

DESCRIPTION OF EXPENSE: **(PLEASE BE LEGIBLE)**

AUTHORIZING SIGNATURES:

Purchased By: _____

Commission

Chairman: _____

CARE TEAM ACCOUNTS

92010 · SUNDAY HOSPITALITY

92900 · DEACON'S FUND

92960 · FUNERAL MINISTRY

93020 · COMMUNION

93140 · OUTREACH DINNER

93150 · BABY CELEBRATION

93160 · FOOD BANK

93170 · ENCOURAGEMENT MATERIALS

FLOWTHROUGH ACCOUNTS

28460 · CARE MINISTRY

28260 · DEACONS FUND

27200 · WEDNESDAY NIGHT MEALS