

# AMN PURCHASE AUTHORIZATION FORM

## DISBURSEMENT INSTRUCTIONS

**NAME/CHECK PAYABLE TO:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY/STATE/ZIP CODE:** \_\_\_\_\_

Please Mail       Check Will Be Picked Up By: \_\_\_\_\_

## OFFICE USE ONLY

<b>DATE RECEIVED</b>	<b>Bookkeeper</b> _____/____/____
<b>Filing Code</b>	

## REQUEST FOR AUTHORIZATION OF: *(Please check one)*

### Check Disbursement

- Purchase Authorization
- Business/Professional Expense
- Travel Expense
- Budgeted Item

### Orders

- Petty Cash Advance (Single Use)
- Petty Cash Reimbursement
- Payment on Invoice (Attached):
- Other (Please Explain Below):

- Gospel Publishing House

*Please attach all RECEIPTS, INVOICES, ORDER FORMS, or other forms of documentation to this completed form.*  
**No checks or payments will be authorized without proper documentation**

DATE	ACCT NO.	DESCRIPTION	BUSINESS PURPOSE	AMOUNT	OFFICE USE

**Requested By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **TOTAL**

**Authorized By:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DATE DUE:** \_\_\_\_\_