



# Silverdale United Methodist Church

9982 Silverdale Way P.O. Box 1400  
Silverdale, WA 98383

## Payment Authorization

Today's Date: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

\_\_\_\_\_  
Person who made the purchase (if different from Ministry Team Leader)

\_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized by (Ministry Team Leader)

Vendor Name: \_\_\_\_\_  
(Who the check is to be made out to)

Amount of Purchase: \_\_\_\_\_

Description of item(s) or services purchased: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Budget Line item to be charged: \_\_\_\_\_

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\_\_\_\_\_  
Date: \_\_\_\_\_  
Authorized by (Pastor or Finance)

\_\_\_\_\_  
Date received by office