Little Rock Baptist Church
7351 Old Alexandria Ferry Road
Clinton, Maryland 20735

Expenditure Authorization

Authorization Form

Name: _____ **Date:** _____ **Amount:** _____

Purchase/Expense for what Ministry? _____
(Christian Education, Culinary, Fellowship, Hospitality, Missionary, Music, Nursery, Outreach, Scholarship, Sound, Trustee, Usher, Van, Youth, etc.)

Brief description of activity generating expense (including date of event):

_____

_____

Use the table below to detail the total amount requested

Item Description	Vendor Name	Amount
	Total Amount Requested:	

Ministry Leader's Signature: _____ **Date:** _____

Return this signed form along with any relevant supporting documents to the Pastor or Treasurer (in Pastor's Absence).

.

□ **Approved** **Reason for Denial:** _____

□ **Denied** _____

Pastor or Treasurer Signature: _____ **Date:** _____

Comments/Additional Information Needed:

_____

_____