CREDIT CARD USE REQUEST FORM

Please return the credit card and a copy of this form with your attached receipt(s) to the Church Secretary’s mailbox, three days after the request date.

Amount Requested: $________________

Card Holder’s Name: ____________________________ Date Requested: __________________

Ministry: ______________________________________ Date Needed: __________________

Ministry Account: ______________________________

Explanation of Use: ___________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Ministry Chairperson’s Signature: ___________________________________________________

Please use the Tax Exemption Form with your purchase, so that the Church is not charged tax on taxable items.

If you have any questions contact ______________________ at (______)_________________.

Official Church Use Only

Church Secretary’s Signature: _______________________________________________________

Church Finance Manager’s Approval Signature: _________________________________________