

ABINGTON PRESBYTERIAN CHURCH

Vendor Payment Authorization

IMPORTANT NOTE:

- 1) This is NOT for reimbursement of expenses – please use reimbursement form!
- 2) This authorization form MUST be used when “official invoice” does not detail all vendor information or a “donation request” with no supporting documentation is needed.
- 3) Additionally, an IRS W-9 form must accompany this authorization, if one is not on file in APC’s Financial Office.
Thank you!

Vendor Name: _____ **Date:** _____

Address: _____ **Order #** _____

_____ **Phone #** _____

Select one:

Detailed Description of Service Purchased: Chart of A/C # \$ Amount

Detailed Description of Products/Items Purchased:

Quantity	Product Description including Cost per Item	Total Price	Chart of A/C #	Received or Pre-Paid

Purpose of Purchase: _____ **Charge to:** APC APNS

Requested by: _____ **Date:** _____

Approved by: _____, Pastor/Director/Council/Committee Chair

Date: _____ **Total \$** _____ **A/C or G/L #** _____

Miscellaneous Notes: