

Purchase Request Form



☐ Check

Date: _____

Amount: \$ _____

- Staff Reimbursement _____
(Name)

- Vendor (Info Below)

Requesting Ministry

(Please check one):

- | | |
|--------------------------------------|------------------------------------|
| <input type="radio"/> Community Life | <input type="radio"/> Office |
| <input type="radio"/> Membership | <input type="radio"/> Youth |
| <input type="radio"/> Outreach | <input type="radio"/> Elem |
| <input type="radio"/> Creative | <input type="radio"/> PreK/Nursery |
| <input type="radio"/> Missions | <input type="radio"/> Trip _____ |
| <input type="radio"/> Bldg/Grounds | <input type="radio"/> Other _____ |

Requested By: _____

Vendor Name: _____

Vendor Address: _____

Description/Purpose of Request:

Requestor's Signature

(1) Complete form with all requested info provided
(2) Provide request to Executive Pastor for Approval prior to date monies needed

Admin Use Only:

Approving Executive Pastor Signature

Senior Financial Officer

Date Scanned:

Initials: