

24 Church Purchase Request

Request # PR-
 (To be filled in by Finance Dept.)

Fill out all areas applicable in the white boxes.

I.	PRE-AUTHORIZATION (required): Check the one that applies: <input type="checkbox"/> Request payment or reimbursement via check. <input type="checkbox"/> Request purchase to be made by the Church Purchaser. <input type="checkbox"/> Request to use church debit card.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><u>Estimated Expense</u></td> </tr> <tr> <td style="text-align: right;">\$</td> </tr> </table>	<u>Estimated Expense</u>	\$
<u>Estimated Expense</u>				
\$				
Church Business Purpose (required- who, what, where and why) _____ _____				
Tax Exempt Form Faxed? Yes <input type="radio"/> No <input type="radio"/> If Tax Exempt Form needs to be Faxed ? Provide Fax Number:				

II. Payee Information			
Payee/Name	_____	SS# / Tax ID	_____
Address	_____	Invoice # (if applicable)	_____
	_____	Invoice / Receipt Date	_____
	_____	Net Terms	_____
Phone Number	_____	Description on check stub/ (Memo)	_____

	Type or Print Name	Signature	Date
Request By:	_____	_____	_____
Approved By:	_____	_____	_____
Approved By:	_____	_____	_____

IV. For Office Use Only:		
Account Code	Funds	Amount
Total		\$

Check distribution:	
V. Reimburse to:	_____ Mail to address shown above _____
Mail or Call for Pick up?	_____
Mailing Address:	_____ OR _____
Phone Number:	_____
If purchased with church debit card:	Returned on ____/____/____