



PURCHASE REQUEST

NUMBER: _____

DATE		BILLING METHOD <input type="checkbox"/> AMEX <input type="checkbox"/> REIMB CK <input type="checkbox"/> ADVANCE CK <input type="checkbox"/> PETTY CASH <input type="checkbox"/> ON ACCT <input type="checkbox"/> TRANSFER FUNDS <input type="checkbox"/> OTHER _____	CARRIER <input type="checkbox"/> MAIL CK <input type="checkbox"/> FEDEX CK <input type="checkbox"/> VENDOR PICKUP CK <input type="checkbox"/> GIVE CK TO _____
DEPT NAME	ACCOUNT		
EVENT			
REQUESTED BY			
VENDOR NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____			

RECEIPT DATE	DESCRIPTION	AMOUNT
If this was a meal...	Who were you with? _____ What was the church purpose? _____	
REQUEST RECEIVED & APPROVED BY: Date _____		TOTAL _____

