

PURCHASE REQUISITION

Requested by: _____ Date: _____

Vendor: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Vendor Fax: _____

(List or attach the list of items to be ordered. Check item if it is a subscription and put details in box below)

Item	Qty	Unit	✓	Reference Number & Item Description	Unit Price	Extended Total
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
			<input type="checkbox"/>			
					Taxes	
					Shipping/Handling Charges	
					Total	

Special Instructions (indicate work order number if applicable)

Items to be ordered by: Church staff Requestor Date required:

How paid: Church's credit card Pastor's credit card Billed to account

Approval	Initials	Date:
Ministry Director:	_____	_____
Senior Pastor:	_____	_____
Church Administrator:	_____	_____
Business Manager:	_____	_____

Disapproved Initials: _____

Reason for disapproval:

Date ordered: _____ Signature _____

For Office Use Only

PO Number: _____ Account Code: _____