

REQUISITION/REIMBURSEMENT FORM

Please write check to: _____

What ministry were the item/items for? _____

What was the purpose for the items? _____

Where were the items purchased? _____

Ministry Leaders Approval: _____ Date _____

What type of purchase: (Check One)

Advance Check Needed _____

Use of Credit Card _____

Company will bill us _____

Reimbursement of Personal Funds _____

The amount of purchase is: \$ _____

This is an exact amount _____ This is an estimate _____

The check is needed by this date. _____

Submitted by _____ (if other than ministry leader)

OFFICE USE ONLY

Purchase has been approved by Executive Pastor _____ Date _____

Date of Check _____ Amount of Check _____

Check Payable to _____

Check # _____