# VICTORY LIFE
# PURCHASE/REIMBURSEMENT FORM

☐ Purchase Form ☐ Reimbursement Form

Name (for reimbursement _____ Ministry Dept. _____

Address _____ Date _____

_____ _____

Vendor Name _____ Ministry Dept. _____

Address _____ Date _____

_____ _____

| MINISTRY DEPT. | QTY | DESCRIPTION OF GOODS OR SERVICES | TOTAL COST |
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Requested By: _____ Department: _____ Date: _____

Approved By: _____ Date: _____

Lead Pastor

***THIS PURCHASE ORDER FORM IS NOT VALID UNLESS SIGNED BY THE LEAD PASTOR.

Make check payable to: _____ Amount: _____