

Purchase Request



Today's Date

Request For What Ministry?

Requester Name:

Need Answer By:

Item #	Description	Qty	Rate	Amount
1.				
2.				
3.				
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24.				

Place in Pastor David's folder in main office or email to him at pastordavid@fhccheyenne.org for approval. When approved place in Finance box with receipts attached. REMINDER: Allow one week for response from Pastor David and fill out all areas that apply.

PLEASE UNDERSTAND THAT RECEIPTS MUST BE TURNED IN WITH PR ONE WEEK FROM EVENT DATE FOR REIMBURSEMENT TO BE GIVEN.

Total Request Amount:

Or request for Credit Card/Charge Account (Circle One) Charge Account **Or** Credit Card Charge to:

Please write reimbursement Check to:

Whose CC:

(Circle One) Approved/Denied By & Date: