Purchase Request					
family harvest CHURCH CHEYENNE Requester Name:		Todays Date	Request For What Ministry?		
		Need Answer By:			
Item#	Descripti	ion	Qty	Rate	Amount
1.					\$0.00
2.					\$0.00
3.					\$0.00
4.					\$0.00
5.					\$0.00
6.					\$0.00
7.					\$0.00
8.					\$0.00
9.					\$0.00
10					\$0.00
11.					\$0.00
12.					\$0.00
13.					\$0.00
14					\$0.00

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.

15.

16.

17. 18.

19.

20.

21.22.

23.

24.

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

PLEASE UNDERSTAND THAT RECEIPTS MUST BE	Total Request Amount:	\$0.00		
TURNED IN WITH PR ONE WEEK FROM EVENT DATE REIMBURSEMENT TO BE GIVEN.	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:			