

## Purchase Request



**Today's Date**

**Request For What Ministry?**

Requester Name:

Need Answer By:

Item #	Description	Qty	Rate	Amount
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

*Place in Pastor David's folder in main office or email to him at [pastordavid@fhccheyenne.org](mailto: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: