



Trinity United Methodist Church

REQUEST FOR PURCHASE / REIMBURSEMENT

PLEASE REMEMBER THAT THIS IS A REQUEST ONLY AND DOES NOT GRANT RIGHT TO ORDER WITHOUT THE REQUISITION NUMBER BEING ISSUED TO YOU.

Today's Date	
Date Required	

Account/Group/Category to Charge:			
Req #	Packing Slips/Receipts MUST be turned in with the name of the receiver and the date received.	Received/Purchased By:	Delivery Date:

<p>Suggested Vendor (Name & Address)</p> <p>Name Address Address City Zip Code</p> <p>Attn:</p> <p>Phone:</p> <p>Notes:</p>	<p>Pay To:</p> <p>Name Address Address City Zip Code Phone:</p> <p>Ship to:</p> <p>Name Attn: Address Address Zip Code City Phone: Fax:</p>
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Qty.	Part Number	Description	Unit Price	Per	Total Price
		Total			

Special Instructions: Is Attachment to Requisition Worksheet form required? Yes No If there is a quote for what is being requisitioned, a copy of the quote is required to be attached.	Tax Shipping Total
Requested by: _____ Purpose/ Justification (use back if necessary)	Supervisor Approval: _____ Financial Approval: _____ Duly Authorized Approved: _____ Not Approved: _____ On Hold: _____

Budget Categories To be used on Requisition form under Requested By

Worship

Communion/Altar

Music

Media

Teaching and Discipling

General Church/School

Nursery

Vacation Bible School

Literature Rack

Young in Heart

Children's Council

Youth Council

Young Adults

Congregational Care

Flowers

Prayer Pagets

Lamb Ministry

Leisure and Recreation

Kitchen

General Food

Wednesday Night Supper

Outreach

Food Pantry

Family Promise

Witness

Camp Meeting / Revival

Witness Other

Trustees

Church Maintenance

Building Fund Transfer

Operations

Office Supplies

Finance

Communications