

PURCHASE / FUNDS REQUEST

Church Name		
Address		(SALES TAX EXEMPTION NO.)
City/State/Zip		
Telephone		P/F Request No.
Ministry Name		Ministry Department
Fund		Account Description
Account No.		
Date Required		
Date Ordered		Special Instructions
Payee Name		
Address		
City/State/Zip		Ship to Attention of
Telephone		Ministry Department

Quantity	Description	Amount
		\$

<p style="text-align: center; margin: 0;">IMPORTANT</p> <p style="margin: 0;">Request No. must appear on all invoices, packages, and correspondence. Requests are unauthorized if received without a proper approved signature.</p>	<p style="margin: 0;">Requested By _____ Date _____</p> <p style="margin: 0;">Approved By _____ Date _____</p>
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(Payee Copy - White; Numerical File Copy - Green; Invoice Copy - Canary; Receiving Copy - Pink; Initiator's Copy - Green)

HALF SHEET FORM