



# PURCHASE/REIMBURSEMENT REQUEST

<b>MINISTRY NAME:</b>		<b>DATE:</b>	
<b>REQUESTOR NAME:</b>			
<b>ADDRESS:</b>			
<b>CITY/ZIP:</b>		<b>PHONE:</b>	
<b>INVOICE #:</b>		<b>CODE:</b>	
<input type="checkbox"/> <b>PURCHASE</b> <input type="checkbox"/> <b>REIMBURSE</b> (Reimbursements require a receipt.)		<input type="checkbox"/> <b>BUDGETED</b> <input type="checkbox"/> <b>NOT BUDGETED</b> _____ <b>AVAILABLE FUNDS</b>	
<b>COMMENTS/SPECIAL INSTRUCTIONS:</b>			
<b>QTY</b>	<b>DESCRIPTION</b>	<b>UNIT PRICE</b>	<b>TOTAL</b>
		<b>TOTAL:</b>	

**REQUESTOR SIGNATURE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_