



PURCHASE/REIMBURSEMENT REQUEST

MINISTRY NAME: Support Groups		DATE: March 5, 2023	
REQUESTOR NAME: Mary Smith			
ADDRESS: 123 4 th Street			
CITY/ZIP: 65109		PHONE: (573) 555-5555	
INVOICE #: (office to assign)		CODE: (office to assign)	
<input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> REIMBURSE (Reimbursements require a receipt.)		<input checked="" type="checkbox"/> BUDGETED <input type="checkbox"/> NOT BUDGETED _____ \$500 _____ AVAILABLE FUNDS	
COMMENTS/SPECIAL INSTRUCTIONS: To start up a support group for Grief and another one for Divorced parishioners. These are discussion guidebooks.			
QTY	DESCRIPTION	UNIT PRICE	TOTAL
14	"How to manage grief" book	\$ 3.50	\$49.000
14	"Navigating Divorce" book	\$ 8.00	\$112.00
		TOTAL:	\$161.00

REQUESTOR SIGNATURE: _____

APPROVED BY: _____ **DATE:** _____