

DATE SUBMITTED

Church Street UMC Purchase Request Form

APPROVED BY:

Staff/Chair _____

Date _____

VENDOR INFORMATION

- Name _____
- Address _____

- Contact _____
- Phone _____
- Fax _____
- E-mail _____

REQUESTED BY

- Name _____
- Date Needed By: _____
- Special Instructions /Information

• PAYMENT METHOD (Check One) Charge Check Card Cash

Account #	Item Description	Quantity	Price	Total

• Merchandise Received By _____ Date _____

• Funds Available: YES NO Administrator Approval _____ Date _____

• Purchase Order # if needed _____ or No Purchase Order needed

• Check # _____ Check Date _____

• Check Signed by _____

INVOICE / RECEIPT ATTACHED
Receipt is mandatory for personal reimbursement.