

Swansboro United Methodist Church

PURCHASE REQUISITION/CHECK REQUEST

This form is designed to be completed first and then printed. If your computer will not allow this, please print an empty form using your browser's print option. (This is usually under File, then Print.)

Date: _____ **CHECK ONE:** Purchase Requisition Check Request

Committee: _____

Purchase Requisition: Method of Payment: Church Credit Card Charged on Church Account

Vendor: _____

Check Request: Make check payable to: _____

Explanation: _____

ACCOUNT #	BUDGET LINE TO BE CHARGED	AMOUNT

TOTAL _____

Requested By: _____

Approved By: _____
(Committee Chair/Supervisor)

Please attach all receipts or other documentation including online purchase confirmation, packing slips etc. Please allow one week for check requests.

Check Delivery Instructions (If Needed)

For Office Use Only: Payment Date _____ Check # _____