

FBCDS Purchase and Reimbursement Request Form
_____Request for purchase authorization
_____Request for Vendor Payment _____Request for Reimbursement
 (check appropriate requests above; fill out all appropriate boxes below except office section)

Ministry/Department/Committee making this request.	Date request made.
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Name of requester.	When is request approval needed?
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Signature of requester.	Does the purchase fit within the approved budget? <input type="checkbox"/> Yes <input type="checkbox"/> No OTHER:
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Name of vendor (when this is a request for purchase or services authorization or request for payment)	Mailing address of vendor (if check to be mailed)
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Description of product(s) or service(s) requested:	Cost
Total cost covered by this request	

Ministry/Department/Committee Director or Chair Approval

Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY BELOW

(Treasurer or Budget & Finance Chair Signature Required)

This request is: _____ Approved for \$ _____ Denied

Name: _____ Signature: _____ Date: _____

Proof of purchase, receipt of product, and/or service must be attached to this request before reimbursement can be made and a check signed.

Check Payable To: _____ Church Account# _____

In the amount of: _____ Check #: _____ Date: _____

