

FINANCIAL REQUEST FORM
TODAY'S DATE _____

PO # _____

Check request / Reimbursement / Debit Card

PURCHASE ORDER INFO

CHECK INFO

Ministry name: _____
 Requested by: _____
 Phone number: _____
 Purpose: _____
 Purchase from: _____
 Website: _____
 Phone number: _____
 Account number: _____

Ministry name: _____
 Requested by: _____
 Phone number: _____
 Check to: _____
 Address if mail: _____

Circle one: hold at office / mail

Expense amount in numbers: _____
 Expense amount in words: _____

Circle one: actual / estimate
 Circle one: budgeted / not budgeted

| Item number | Quantity | Price | Description | Total price |
|-------------|----------|-------|-------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

S & H _____

Total _____

Order placed by: _____
 Payment method: Direct bill _____ CC / DC _____
 Deliver to: 1563 OFR _____ Other _____

Date: _____

Shipment checked in by: _____

Date: _____

Approved by: Operations Administrator: _____

Date: _____

Or in emergencies Senior Pastor _____

Date: _____

Comments (circle ones that apply): B/O Damaged Out of stock Re-order Other