

# PURCHASE REQUEST

Person making request: \_\_\_\_\_

Department(s): \_\_\_\_\_

To be purchased from: \_\_\_\_\_

Quantity	Item	Cost	Extended Cost	Dept*
<b>Total Order</b>				

**You must have both approval lines completed before submitting for a check or reimbursement.  
All purchase requests must be approved BEFORE making the purchase.**

Department Head Approval: \_\_\_\_\_ Date

Pastor Approval: \_\_\_\_\_ Date

Check Number: \_\_\_\_\_ Date

\*Department column only needs to be filled out when more than one department is involved.