FINANCIAL REQUEST FORM
TODAY'S DATE _____

PO # _____

PURCHASE ORDER INFO

Ministry name: _____

Requested by _____

Phone number: _____

Purpose: _____

Purchase from: _____

Website: _____

Phone number: _____

Account number: _____

☐ **Check request / Reimbursement**

CHECK INFO

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: _____ Date: _____

Payment method: Direct bill _____ **CC** / DC _____

Deliver to: 1563 OFR _____ Other _____

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

Revised 2/22/2017