GREATER MISSIONARY BAPTIST CHRUCH

450 RINGGOLD ROAD

CLARKSVILLE, TN 37042

PH: (931)647-4643 FAX: (931) 647-9773

**PURCHASE REQUEST FORM**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MINISTRY MAKING REQUEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE NEEDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF PURCHASE: \_\_\_\_\_CREDIT CARD \_\_\_\_\_CHECK

AMOUNT OF PURCHASE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYABLE TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Allow 48 hours for Finance Ministry to process request**
2. **Check will be placed in appropriate ministry’s box**
3. **All receipts are must be turned in to the finance office as soon as possible after purchase(please put Ministry name & check # on receipt and sign on back)**
4. **2 Signature required (President, Vice President or another Ministry Officer)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Print name here) (Print name here)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Sign and date here) (Sign and Date here)**

**All Purchase request over $200. Must be approved and signed by pastor**

**\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Pastor’s Signature and Date here)**

**FINANCE MINISTRY ONLY**

**CHECK #: \_\_\_\_\_\_\_\_\_\_ CREDIT CARD USED: \_\_\_\_Admin \_\_\_\_Pastor \_\_\_Transportation \_\_\_\_Trustee**

**CHECK AMT: \_\_\_\_\_\_\_\_\_\_ CHARGE AMT: \_\_\_\_\_\_\_\_\_\_**

**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Sign and Date)**