

Lutheran Church of Peace

PURCHASE REQUISITION FORM

Date: _____

Purpose: _____

Requested by: _____

Budget Account Name:

Budgeted Item: Yes _____ No _____

Date Needed: _____ Amount of Check: _____

Description and/or supporting documentation (attachments):

Quantity: _____ Total : \$ _____

Signature/Approval of Council Committee Rep or Employee: _____

Signature/Approval of Council Treasurer: _____

Signature/Approval of Council President: _____

For Office Use Only

Date: _____

Amount of Check: _____ Check #: _____ Credit Card Date: _____

Budget Account Name: _____

Check Payable to: _____

Address: _____