



**PURCHASE REQUEST
FORM**

Purchase Orders must be signed and submitted by Department HEAD (2) weeks before the event.

MINISTRY | DEPARTMENT _____

EVENT ACTIVITY _____

DATE NEEDED _____

WHO WILL MAKE THE PURCHASE? _____

COMMENTS

PART NUMBER	DESCRIPTION OF ITEM	QTY	ITEM COST	EXT COST

REQUESTED BY _____ DATE _____

APPROVED BY _____ DATE _____
(DEPARTMENT HEAD)

OFFICE DATE ORDERED	_____	CASH CC CHECK #	_____	EST COST	_____
DATE RECEIVED	_____	INVOICE	TERMS	TAX	_____
COMMENTS	_____			TOTAL COST	_____