NEW BEGINNINGS
CHRISTIAN FELLOWSHIP

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
Subtotal				
Tax				
Total				

Ministry Lead (Print/Sign) _____ DATE _____

APPROVED BY (DEPARTMENT HEAD) _____ DATE _____

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