



# Purchase Request Order Form

YOU ARE NOT AUTHORIZED TO ORDER OR PURCHASE **OVER \$50** WITHOUT AN APPROVED PRO

- Please fill out ALL information requested below. INCOMPLETE PRO's will be returned to submitter.
- All PRO's must have the initials of the DEPT. HEAD(s) of the DEPT ACCOUNT(s) to which the expense will be charged. If Dept Head is unsure what Dept is to be charged, please ask the Executive Pastor or Accounting Office BEFORE submitting PRO.
- Submit PRO's to the EXECUTIVE PASTOR'S BOX in the workroom. Checks are run on WEDNESDAYS only.
- A copy of the signed PRO will be returned to you after it has been approved. A copy then should be turned in to the Accounting Office with receipts or invoices attached. This will help Accounting to identify the charges & record them correctly & efficiently. Include "REIMB. TO (your name)" on receipts for reimbursement.
- RECEIPTS SHOULD BE FILED IMMEDIATELY AFTER EVERY PURCHASE, including ONLINE (print off confirmations) and PHONE orders (request an emailed receipt) paid with church credit cards. Keep file up-to-date until monthly card statement arrives.

Today's Date: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Authorized Purchaser(s): \_\_\_\_\_

Submitted By: \_\_\_\_\_

<b>Dept. Head</b>	<b>Dept. Account</b>
Initials: _____	Date: _____
	<b>to be Charged:</b> _____

Description of Purchase: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Cost: \$ \_\_\_\_\_  Exact Amount  Estimated Amount

### Method of Payment:

Credit Card: \_\_\_\_\_

Charge to vendor to be billed

Transfer \$ \_\_\_\_\_ to Dept. Account \_\_\_\_\_

Reimbursement now (receipts attached)

Reimbursement after receipts submitted

Check needed for \$ \_\_\_\_\_

Give check to: \_\_\_\_\_

Mail check to address below

Name of vendor/payee: \_\_\_\_\_

Address (if needed): \_\_\_\_\_

Purchase Request: *Approved* \_\_\_\_\_

*Rejected* \_\_\_\_\_

*Clarification Needed* \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_