



## Purchase Request Order Form

YOU ARE NOT AUTHORIZED TO ORDER OR PURCHASE **OVER \$100** WITHOUT AN APPROVED PRO.

THIS GUIDELINE APPLIES TO EVERY PURCHASE, INCLUDING IN-BUDGET ITEMS.

- 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 Operations Pastor or Business Office BEFORE submitting PRO.
- Submit PRO's to the OPERATIONS PASTOR'S BOX in the workroom at least 48 hours in advance of the planned purchase.
- 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 Business Office with receipts or invoices attached. This will help the Business Office to identify the charges & record them correctly & efficiently. Reimbursements should be submitted via the Check Request form.
- 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: \_\_\_\_\_

Location \_\_\_\_\_ Department \_\_\_\_\_ Project/Event \_\_\_\_\_ Expense Account \_\_\_\_\_

**Direct Report**

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

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

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

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

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

FINANCE  
OFFICE ONLY:

**Purchase Request:** *Approved* \_\_\_\_\_ *Rejected* \_\_\_\_\_ *Clarification Needed* \_\_\_\_\_

*Signed:* \_\_\_\_\_ *Date:* \_\_\_\_\_