

NEW COVENANT TABERNACLE

Purchase Requisition

Date _____ Submitted By _____ Phone _____

Ministry Name _____ Purpose _____

GL # _____ Need By (give date) _____ Check Box if Already Done

Transfer _____

Quan- tity	Item No.	Description	Est. Amt.	Act. Amt.
		Sub Total		

Comments: _____

Date ordered _____ Shipping/Handling _____

Vendor Name _____ Total of Order _____

Spoke To _____

Phone _____ Del. Date _____

Office Use Only:
 Pastor(s) Approval (Initials) _____ Date _____ CA Office Staff Approval (Initials) _____ Date _____
 Office Approval _____ Date _____
 (Church Business or Ministries Coordinator)

Financial Office Use Only:
 Approved _____ Declined _____ Postponed _____ Resubmit _____
 Comments _____ Rev. 1/08