DEBIT CARD PURCHASE
ST. MARY OF THE PRESENTATION #610

Ministry / Committee: ATTACH MINISTRY PURCHASE REQUEST FORM PR-1

Date of Request: / / 20

Date of Purchase: / / 20

Requested By:

Name of Vendor:

Amount of Purchase: $

Reason for Request:

Verify Attachments: ☐ FORM PR-1 Attached ☐ Receipt Attached

Invoice / Order #:

Office Authorization Signature:

Second Authorization Signature:
(If requested amount exceeds $500.00)

Date Recorded: / / 20

Note(s):