

# PURCHASE REQUISITION FOR THE ORCHARD CHRISTIAN FELLOWSHIP CHURCH

Date of Request	Date Needed	Account Name (Ministry)
Make Check Payable To:	Address	
Disposition:	Mail	Pick--up      Other (Specify)

Description / Purpose	Account Number	Amount
		\$
		\$

Date Paid:	Check Number:

Requested By:	Print Name
Signature	
Ministry Approval:	Print Name
Signature	
Authorized By:	Print Name
Signature	
Disbursed By:	Print Name
Signature	

Shaded areas office use only