

REQUISITION

(FOR PURCHASE OF MATERIALS AND SUPPLIES)

Trinity Gardens Church of Christ

Date _____

Ministry Code _____ Ministry Name _____

EVENT INFORMATION

Title _____ Date _____

Location: at Trinity Gardens Off-site _____

QUANTITY & UNIT	DESCRIPTION	UNIT PRICE	TOTAL

SUGGESTED VENDOR

Requisition Submitted by _____ *Phone* _____

DO NOT WRITE IN THIS SPACE

Requisition approved _____ *Date* _____

PAYMENT

Church account

Check to Vendor _____ Check # _____ Check \$ _____ Date _____

Reimbursement
Check payable to _____ Check # _____ Check \$ _____ Date _____