

EXPENSE REQUEST FORM

ONE FORM PER VENDOR/STORE

request must be approved before ordering or purchasing

Requested by _____

Date _____

Date required _____

<u>Dept.</u>	<u>Qty.</u>	<u>Requested Items & Reason for purchase</u>	<u>Vendor or Store</u>	<u>Estimated Price</u>

Dept. Head Approval _____ Date _____

Finance Approval _____ Date _____

Pastor's Approval _____ Date _____

Approved copy to Requester

Acct# _____
Budget _____
Available _____