

St. Robert's Parish Purchase Request

ASSIGNED PURCHASE REQUEST #

This is a request for: payment to a vendor reimbursement to an individual

PAYABLE TO: _____

(Name and complete address must be provided.) _____

IS THIS A NEW VENDOR? YES** NO ****If YES, a W-9 completed by the vendor must be submitted before payment will be made.**

Copies of documents to be mailed with the check are attached? YES NO

Purchase Amount	Estimate	
	Actual	

Date of Request	
Date Check Required	

Please allow five (5) working days to process check once approval is granted.

ORGANIZATION EXPENSE IS FOR:

CHECK DISPOSITION: ***All checks will be mailed unless the payee is a staff member.***

- Mail to Payee
 Deliver Internally to _____

Requested by: _____ Date: _____

Approved by: _____ Date: _____

PASTOR'S APPROVAL:

Approved for purchase Denied

SIGNATURE _____ DATE _____

To be completed by REQUESTER after approved:	
Order Placed	
Order/Service Received	
DATE:	
Okay to Pay	

For office use only

GENERAL LEDGER CODING: (AMOUNT and DESCRIPTION must be completed.)

Account Number	Amount	Description and Purpose of Expense (Be Specific. Use more than one line if necessary.)