

PURCHASE REQUEST

Macedonia Baptist Church
P O Box 37324
963 SW 40th Street
San Antonio, TX 78237-0324

Phone: 210-433-5636 Fax: 210-433-0946

Please obtain approval before making any purchases for which the church will be financially responsible.

Date of Request: _____

Requested By: _____

Purpose of Request: _____

Department/Auxiliary/Group Name: _____

Budget Line to be debited: _____

Vendor: _____ Address: _____

Contact Person: _____

Account #: _____ Phone #: _____

Fax #: _____

Make Check Payable To: _____

Note: ATTACH RECEIPTS AND OR INVOICES.

| QUANTITY | ITEM/PRODUCT# | DESCRIPTION | UNIT COST | TOTAL COST |
|----------|---------------|-------------|-----------|------------|
| | | | | |
| | | | | |
| | | | | |

Shipping/Handling Fee: _____

Total Cost \$ _____

Reimbursement Amount: \$ _____

Approved By: _____ DATE: _____

Authorized Staff/Ministry Leader

(Office Use Only)

PAYMENT INFORMATION (check one)

Date of Payment: _____ Method of Payment () Check# _____ () Credit Card () Cash