# PURCHASE REQUISITION
# Christ Church UM

Vendor # _____

Today's Date: _____

PAYEE: _____

Invoice No: _____

Invoice Date: _____

Due Date: _____

Requested by: _____

Please use one requisition per vendor.
Use for purchases made using our in-store accounts

Staple receipt to the upper left corner.

| GL Code | Description | Amount |
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_____ CHARGED TO Christ Church UM (Merchant to bill church)

_____ Send to: _____

Business Name: _____

Street Address: _____

City, State, Zip: _____

PURCHASE APPROVED BY: _____
Ministry/Program Director

PAYMENT APPROVED BY: _____
Business Office