

# St. Peter Catholic Church

## Expense/Check Requisition

Date: \_\_\_\_\_ Requested By: \_\_\_\_\_ Tel #: \_\_\_\_\_

Ministry: \_\_\_\_\_

### REQUEST:

\_\_\_ Purchase Approval \_\_\_\_\_ P.O. Assigned

Purchased at \_\_\_\_\_ Amount \$ \_\_\_\_\_

\_\_\_ Check Request ( \_\_\_ reimbursement or \_\_\_ purchase)

Payable To \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_

\*Pick-up \_\_\_ or Mail \_\_\_

**Explanation of purpose or use of funds .....**

(PLEASE RETURN WITH RECEIPTS FOR REIMBURSEMENTS)

Approved By: Father Tom/Kathy Hardesty \_\_\_\_\_ Date \_\_\_\_\_

### Accounting:

Date Received: \_\_\_\_\_ Check# \_\_\_\_\_ Date \_\_\_\_\_

Ordered by: \_\_\_\_\_ Date \_\_\_\_\_