

Union Chapel United Methodist Purchase Request

Purchase Request Number: _____

Date: _____

Description: (Provide detail of Item(s) required. Include Item Name, Quantity, Unit Price, Total, Price, Item Order Number)

Where you found this item:

Justification:

Committee:

Requestor

Signature: _____
Name: _____
Phone: _____
Email: _____

Committee Chair Approval

Purchase Agent Detail

Item Location: _____
Purchase Date _____ Purchase Amount: _____
Notes : _____

Budget Line Item Number

Approved Budget Amount

Budget Expenditures to Date:

Open Commitments (Exclude this Request):

This Request Expenditure Amount

Budget Balance

Purchasing Agent Confirmation

Signature: _____
Date: _____