PURCHASE REQUEST

**** ALL REQUESTS MUST BE APPROVED BY ADMINISTRATOR PRIOR TO ORDER /PURCHASE ****

INSTRUCTIONS:

STEP 1 Submit Request to Administrator prior to purchase
STEP 2 Administrator will return "approved" requests to requestor
STEP 3 Department may order or purchase item(s)
STEP 4 submit "approved" requisitions & supporting documentation to Finance Office for payment processing.

NOTES:

- Only 1 vendor per requisition
- Include address, city, state, zip & phone number of vendor
- If paying for a service (umpire, singer, preacher, teacher, repair, etc.) include a completed W-9 signed by the individual or company that will be performing service
- If item is purchased on account or Master Card - give supporting documentation to Finance Office immediately after ordering/purchasing so that the bill may be reconciled upon receipt.
- Attach original receipts only. Do not make copies of receipts to attach to multiple requisitions.

Reimbursable: ☐ Yes ☐ No Amount _____ +S&H ☐

Budgeted Item ☐ Yes ☐ No *Non-budgeted items over $500 requires justification for Finance Committee approval*

Vendor Name **(ONE vendor per Requisition)** _____

Address (Include city, state, zip, phone) _____

Description/Purpose of Purchase _____

NOTE/Special Instructions: _____

W-9 Form Submitted/Attached if 1099 Required
(For individuals and/or companies that provide a **service**) ☐ Yes ☐ No ☐ N/A

Confirmation # *(from company where item(s) are purchased)* _____

REQUESTED BY: _____ Date of request: _____

APPROVALS

Dept. Approval: _____ Date: _____

Admin. Approval: _____ Date: _____

Finance Committee Approval:
(if required –non-budgeted items over $500) _____ Date: _____

PAYMENT PROCESSING

☐ Purchased on Account ☐ Master Card ☐ Write Check

Name on M/C: _____ Date Check Needed: _____

Payable to: **(if different from Vendor)** _____

Address (incl. city, state, zip) _____

Charge to:

Complete after purchase

Actual Receipt Amount:
(total amount on receipt)

Project #	_____	Account:	_____	Amount	_____	
Project #	_____	Account:	_____	Amount	_____	_____
Project #	_____	Account:	_____	Amount	_____	_____
Project #	_____	Account:	_____	Amount	_____	_____
Project #	_____	Account:	_____	Amount	_____	_____

CHECK DISTRIBUTION

☐ US MAIL ☐ MAIL with # ___ Attachment(s) ☐ GIVE TO: _____