

TRUE WORSHIP CHRISTIAN FELLOWSHIP

Purchase Requisition

Date _____

Purchasing Auxiliary _____

<i>Quantity</i>	<i>Description</i>	<i>Price Per Item</i>	<i>Total</i>

Purpose of use: _____

When needed: _____ Requisitioned by: _____

Total amount requested _____ Does amount exceed budget? Yes / No

Auxilliary Chair: _____ Signature: _____

Approved _____ Denied _____ Remarks _____

Authorized by: _____ Date: _____