

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: _____

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Approved *Denied* *Remarks* _____

Authorized by: _____ *Date:* _____