

**ST. PAUL'S U.C.C.  
PURCHASE REQUEST**

Item(s) to be purchased: \_\_\_\_\_

Company purchased from: \_\_\_\_\_

How will item be paid for:    \_\_\_ from committee budget    \_\_\_ from Memorial gifts

                                 \_\_\_ monies pre-collected    \_\_\_ Other: \_\_\_\_\_

Estimated Amount Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_

Date requesting to purchase: \_\_\_\_\_

Was this included in the Budget    \_\_\_\_\_ Yes    \_\_\_\_\_ No (complete following line)

If No Date approved by Consistory \_\_\_\_\_

*(If this item is not a budgeted item – you must take this request to Consistory for their approval)*

Consistory President Signature & date of approval: \_\_\_\_\_

Requesting Committee Name: \_\_\_\_\_

Requestors Name / Date \_\_\_\_\_

Requestor's Signature \_\_\_\_\_

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This request must be submitted to the church office.

Upon approval, the Treasurer will return to you.

**Keep this form and attach to the Reimbursement request form!**

FOR OFFICE USE ONLY:

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_