



# FGC Purchase Request Form

Name: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_

Item(s) Requested:

Qty	Item	Cost Per Item
<b>Total Cost:</b>		

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

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*Office Use Only*

Status
Status: _____
Approved/Disapproved By: _____
Signature: _____
Date Approved/Disapproved: _____

Approval Details
Approved for Dollar Amount? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Dollar Amount Approved: _____
Church Purchasing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requester Purchasing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reimbursed Requester <input type="checkbox"/> Yes <input type="checkbox"/> N/A
Check #: _____
Date: _____
Signature of Requester after Reimbursement: _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

