

ST. JAMES EPISCOPAL CHURCH

PURCHASE REQUEST

Please complete this form and submit it to the Church Office for approval anytime you plan to request a reimbursement for money spent on behalf of St. James Episcopal Church. Please complete all numbered sections. You may mail, fax, or email the form to the Church Office. If the expenditure is approved, a copy of the form noting the approval will be sent back to you. To obtain reimbursement for the expenditure, attach a signed copy of this form to the receipt for the expenditure and mail or deliver the form and receipt to the Church Office.

1. Name of person making request: _____

2. Phone number(s) of the person making the request:

Primary Phone: _____

Secondary Phone: _____

3. I am requesting that a check be issued to the following named company or individual for the below-listed purpose: _____

4. Company or Person: _____

5. Address: _____

City _____ State _____ Zip _____

6. I am requesting authority to expend funds and be reimbursed.

a) Amount of the Request: (not to exceed): \$ _____ (exact amount) \$ _____

b) Purpose of the expenditure: _____

c) This expenditure should be charged to budget item (name or number) _____

7. Here is the signature of the person responsible for managing this budget line item _____

8. Please return the completed form to the person making the request via:

Mail to: _____

Fax (fax number): _____

Email Address: _____

9. If requesting reimbursement - Please mail the check to: _____

Requestor Address: _____

Other Name and Address _____

Signature of person making the request: _____

*****For Church Office Use*****

Request No. _____

This request is: Approved for (Amount): _____

Disapproved. (Reason) : _____

Approval signature: _____

Rector/Senior Warden/Other (title) _____