

Requisition Request Form

(This form must be approved by the appropriate authority 5 business days prior to any expenditure)

Requisition # _____ (For Office Use Only)

Church of the Transfiguration
7624 Roanoke Road
Fincastle, Virginia 24090

Submitted by: _____ Ministry: _____ Account # _____ Date: _____

Item	Quantity	Description	Total Cost	Supplier	Comments
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total Amount of Requisition Request:

Approvals:

Rev. Arlon Vergara Date: _____

Required for ALL Requests over \$9000.00:

Parish Finance Council Consulted on _____ (Date)

Rev. Arlon Vergara (Final approval after consultation with Finance Council) Date: _____

Church of the Transfiguration
Fincastle, Virginia
Check Request

Attach Original Receipts

Make check payable to:

Name:

Address:

Send Check to: (if other than above)

Name:

Address:

Notes:

Description

Account

Amount

Description	Account	Amount

Request Total:

Requested By: _____
Date Requested: _____

Approved By: _____
Date Approved: _____