Woodlands Community Presbyterian Church Purchase Requisition/Reimbursement Form

| Date Requested: | | Requested by: | |
|---|--------------|---------------|----------------------------------|
| Make Check Payable To: | | | |
| Billing Street Address: | | | _ |
| Billing City, State, Zip: | | | |
| Session Committee Responsible | : | | |
| Item(s) Purchased: | | | |
| | | | |
| Disbursement Authorization: **Authorized Signature must be different from Payee (Must attach invoice copy and circle total amount to be paid) | | | |
| Account 1: | Amount 1: \$ | Approval | :(Session Member Signature)** |
| Account 2: | Amount 2: \$ | Approval | : |
| Account 3: | Amount 3: \$ | | (Session Member Signature)** : |
| Account 4: | Amount 4: \$ | | (Session Member Signature)** |
| Account 5: | Amount 5: \$ | Approval | l:(Session Member Signature)** : |
| | - | | :(Session Member Signature)** |
| Total Amount of Check To be Paid: \$ | | | |
| Special Instructions: | | | |

Check processing will run every Wednesday with distribution of checks on Friday. Completed purchase requisitions must be in before 9:00 am on Wednesday to be included in the processing.

All purchases MUST be approved by the appropriate Session Member (Elder) prior to purchase. If you DO NOT obtain prior approval, there may not be funds available to reimburse you.