**Victory Worship Center Purchase Requisition / Expense Reimbursement Form**

|  |
| --- |
| *Place an* ***X*** *in the box below to indicate whether this is a Purchase Requisition request* ***OR*** *an Expense Reimbursement request.* |

 **1.** Purchase Requisition **1.** Expense Reimbursement

$

**2.** Ministry # **3.** Ministry Name **4.** Funds Requested

**5. EVENT/Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Event POC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.** Ministry Director’s Name & Phone Number

|  |  |
| --- | --- |
| **7. REQUESTOR DATES** | **8. PRINTED NAME/SIGNATURES** |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request |  | Requestor |  |
| Date Funds Are Needed |  | Funds Recipient |  |

**9. Purchase Requisition Vendor Information 10. Expense Reimbursement Recipient Information**

*Complete this section if this request is for a Purchase Requisition Complete this section if this request is for an Expense Reimbursement*

*(W-9 is required if paying a contractor/vendor for services over $600.00)*

|  |  |
| --- | --- |
| Vendor Name |  |
| Street Address |  |
| City, State, Zip |  |
| Phone # |  |
| E-mail address: |  |

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip |  |
| Phone # |  |
| E-mail address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **11*. Item Description***  | ***Quantity*** | ***Unit Price*** | ***Account #*** | ***Total Price*** | ***Budget Balance*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  Shipping & Handling Fees/Taxes ***\*Use Attachment to list additional expenses (if necessary)*** TOTAL |  |
| **$** | **$** |

**For FINANCE Use Only**

|  |  |
| --- | --- |
| **FINANCE DATES** | **PRINTED NAME/SIGNATURE** |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Finance Reviews |  | Finance |  |
| Date Approved/Declined |  | Approver |  |
| *Place an* ***X*** *in the box to indicate whether request is approved or declined:* Approved Declined |
| Reason Declined *(If applicable)*:  |

|  |
| --- |
| *Place an* ***X*** *in the box(es) below to indicate the source & method of payment. Enter Check# or last four #’s of card used.* |

***BoA\_\_\_\_ Frost\_\_\_\_******Check*** ***Debit/Credit******Card******AC ACH/Bill Pay******Petty Cash***

**Was Event Pre-Approved in the Annual Budget or have Board Approval? Yes / No/ or N/A**

**Amount Approved: $ \_\_\_ Amount Spent: $ \_\_\_\_ Amount Returned: $ \_\_\_\_ Date Returned: \_\_\_\_\_\_\_\_\_\_\_**

**Amount Owed to Requestor: $ \_\_\_\_ Payment Method: Check #\_\_\_\_\_\_\_\_\_ or Petty Cash $ \_\_\_\_**

**Ministry Leader: Printed Name/Signature and Date:**

**Treasurer or Designee: Printed Name/Signature and Date:**

**12. *Additional Expenses Attachment***

***(Enter Subtotal, Shipping & Handling Fees, and Grand Total on Original Purchase Requisition Form)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Description of Item*** | ***CK#*** | ***Unit Price*** | ***Account #*** | ***Total Price*** | ***Budget Balance*** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**13. *Mileage Log***

***(Beginning on Jan. 1, 2021, the standard mileage rates for the use of a car will be 56 cents per mile for business miles driven)***

***(Requestor can use either travel locations or odometer readings to complete this form)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Date*** | ***Business Purpose and Travel Description*** | ***Location Departing From or Odometer******Start*** | ***Location Travelling To or Odometer*** ***End***  | ***Mileage Distance*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **0.56** |
| **$** |

**Date: Printed Name & Signature:**