MIDWAY WEST CHURCH
3160 West Hwy 166
Carrollton, GA 30116
678-601-3285

Ministry Purchase Form

Request Initiator:		Date:	

Vendor/Purchaser Name	Vendor/Purchaser Address	Vendor Phone and/or Acct #

Qty	Item Description If this is a Purchase Request, list all **specific information** needed for correct product to be purchased	Use/Purpose	Line Total	Budget Acct#

If attaching more than one receipt for reimbursement, indicate in the item description column what receipt the item purchased is located on (i.e.: store name and purchase date)

Total Purchase Amount	

☐ Purchase Request	☐ Church Visa charged	☐ Personal *(Need Reimbursement)*	☐ Issue Check to Vendor

Requested By:		Date:	
Ministry Director:		Date:	

Form Updated: 03/12/14

All ORGINIAL receipts must be attached in order to process payment