



# MIDWAY WEST CHURCH

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

## YOUTH Ministry Purchase Form

Request Initiator:		Date:	
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Vendor/Purchaser Name	Vendor/Purchaser Address	Vendor Phone and/or Acct #

Qty	Item Description If this is a Purchase Request, list all <b>specific information</b> 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

<input type="checkbox"/> Purchase Request	<input type="checkbox"/> Church Visa charged	<input type="checkbox"/> Personal <i>(Need Reimbursement)</i>	<input type="checkbox"/> Issue Check to Vendor
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Requested By:		Date:	
Authorized By:		Date:	
Ministry Director:		Date:	

**All ORIGINAL receipts must be attached in order to process payment**

Form Updated: 03/12/14