

Requisition Form

Date: _____

First Baptist Church
481 Hood Center Dr.
Rock Hill, SC 29730

PO # _____
Issued by: _____
W9 Obtained? Y or N

Special Instructions to Financial Office:

Please fill out all information in this box.

Vendor Information

Payable to: _____
Address: _____
Contact: _____
Phone #: _____
Special Info / _____
Event (Explanation) _____

Account Request

General Budget: _____ **Building Acct:** _____
Activity Account: _____ **Other Acct:** _____

Billing Information

FBC to be billed: _____ **Credit Card:** _____
Check Request: _____ **Other:** _____

Account #	Project #	Quantity	Details / Descriptions (Comments)	PPU	Amount

Extra space on back

Amounts over 500 dollars need Church Administrator review

Approval Requirements *(Requires signature)*

Person Making Request: _____ **Date:** _____
Ministry Director: _____ **Date:** _____
Financial Secretary: _____ **Date:** _____

Date printed 22-Aug-08

Payment Information (Finance Office Use Only)

Date Paid: _____ **Amount Paid:** _____ **Check Number:** _____