



Ministry Purchase and Payment Request

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 Las Vegas, NV 89146
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Revised
 1-27-16

Date	Requisition #

Vendor Mailing Information	Vendor Billing Information (only if different)	Vendor Check Information (only if 'Payable To:' is different)
Name:		
Address:		
City, ST, Zip:		
Phone:		
Fax:		
Email:		

Date Required	Department Name	Ministry Name	Requested By

Quantity	Account #	Description	Rate	Amount

Payment <input type="checkbox"/> Ministry Account <input type="checkbox"/> MFM General Account	Method of Purchase <div style="border: 1px solid black; width: 150px; height: 25px; margin: 5px 0;"></div> If other, explain: _____ If check: <input type="checkbox"/> Mail <input type="checkbox"/> Pickup by Whom:	Subtotal	
		Sales Tax	EXEMPT
		Shipping & Handling	
		Total	

Please allow a minimum of five (5) business days to process. Incomplete forms are considered unapproved and will be returned for completion.

Administrative Use Only

- Requestor's Signature Signature: _____ Date: _____
 Approved by Assoc. Director Signature: _____ Date: _____
 Approved by Ministry Director Signature: _____ Date: _____
 Approved by COO/CEO Signature: _____ Date: _____
 Disapproved by COO/CEO Signature: _____ Date: _____
 Reason for Disapproval: _____

Finance Use Only

- Date Received: _____ Invoice Receipts W9 Purchase Process Date: _____
 G/L Account #: _____ Ministry: _____ General: _____
 Approved by CFO/FM Disapproved by CFO/FM CFO/FM Signature: _____ Date: _____
 Credit Card (if used): Name of Cardholder: _____ Card Type: _____
 Check Issuance (if used): Check #: _____ Check Date: _____ Issued By: _____
 Check Released To: _____ Date: _____