



Ministry Purchase and Payment Request

Date	Requisition #

2845 Lindell Road
 Las Vegas, NV 89146
 Phone: (702)367-1636 Fax: (702)367-2536

	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: 20px; 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 DOM 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: _____