



Mountaintop Faith Ministries

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Clinton House, Senior Pastor

Bookstore Ministry Inventory Agreement

Today's Date: _____

Group/Department: _____

Ministry Name: _____

Name of Event/ Item/Title: _____

Vendor/Speaker: _____

(if applicable) _____

First day of sales: _____

Last day of sales:	_____
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Cost per ticket/ item: _____

Quantity: _____

If inventory is depleted, will you reorder? _____

Re-order Point _____

Do you want to offer AARP 10% discount on this item? _____

Brief Description of the item:

Requestor:		Requestor's Phone:
Requestor's email:		Requestor's Signature:
Approved by Director:		Date:
Approved by DOM		Date:

FOR OFFICE USE ONLY

Category: _____ GL Account#: _____

Manufacturer: _____ Project ID: _____

Vendor: _____

Custom SKU: _____

of items received: _____

DATE RECEIVED IN BOOKSTORE: ____ / ____ / ____

Received By: _____

APPROVED by Chief Financial Officer _____ Date

DISAPPROVED