

First Baptist Church Fair Oaks

PURCHASE / REIMBURSEMENT VOUCHER

General Information	
Requester _____	Phone _____
Date Submitted _____	Date Needed _____
Ministry/Activity _____	
Account # _____	

Make Check Payable To:

ITEM	QTY	DESCRIPTION/EXPLANATION	EACH	EXTENDED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Check Distribution Options <input type="checkbox"/> Mail <input type="checkbox"/> Will Call <input type="checkbox"/> Other	Manner of Payment <input type="checkbox"/> Account/Budget <input type="checkbox"/> Other	Tax	
		Shipping Handling	
		Approx. Total	
		Actual Total	

Comments/Special Instructions	Order Information	Ministry Leader Approval (REQUIRED)
	Date Ordered _____	By _____ Date _____
	Ordered By _____ Ordered With _____	Administrative Approval*
	How Shipped _____ Reference # _____	By _____ Date _____

*** 0-\$250.00 Associate Pastoral or Administrator Approval; \$251.00 - \$2,000.00 REQUIRES Senior Pastoral Approval, Administrator or Treasurer; Excess of \$2,000 REQUIRES 2 of the authorized signatures of Sr. Pastor, Administrator or Treasurer. Requests in excess of \$10,000 REQUIRES MAC Acknowledgement.**