

# Fountain of Faith Missionary Baptist Church

*The Church where Jesus Christ is the Main Attraction!*

Reverend Reginald B. Newman - Pastor



## Request for Purchase Approval or Check Reimbursement/Advance

Submit all requests to the Trustee Board **at least 14 days PRIOR** to the date funds are required. Complete the request in its entirety to prevent processing delays or default disapproval. Notification is sent via email to pick up funding. **You are personally responsible for any vendor commitment absent proper signatory approval of this document.**

	check one: Purchase		Check Reimbursement / Advance
<b>Contact FOFMBC:</b>		Telephone: (770) 997-0079	Fax: (770) 997-6459
		email: fofmbc@bellsouth.net	
		Post Office Box 960639 Riverdale, GA 30296-0639	
Request Date:	Name of Requestor:		
Email Contact Address:			Phone:
Ministry:		Date Required:	
Event / Reason for Request			
Ministry/Auxiliary Chair:	Initials:	Email:	
<b>"I acknowledge that I have read and understand all requirements regarding the processing of this request."</b>			
Requestor's Signature:		Date Submitted:	

Item #	Item Description	Quantity	Unit (ea/cs)	Unit Price	Item Total
1				\$0.00	\$ -
2				\$0.00	\$ -
3				\$0.00	\$ -
4				\$0.00	\$ -
5				\$0.00	\$ -
Notes:				<b>Total Cost:</b>	\$ -

VENDOR INFORMATION / CHECK ROUTING				
Vendor or Check Payable to:				
Address				
City		State	Zipcode	Phone:

Authorization				
OFFICE	Circle one	TYPE OR PRINT NAME	SIGN	DATE
Trustee	A   D			
Deacon	A   D			

**All receipts, invoices and required documentation must be attached to complete processing.**

FOR OFFICIAL USE ONLY				
Request Approved?	Yes ( )	No ( )	More Information Required ( )	
Budgeted Request?	Yes ( )	No ( )	If not budgeted, exception approved? Yes ( ) No ( )	
Check #	Check Date		Post Date	
Budgeted Fund: (Account #)		Line Item Title:		