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**Requisition to Purchase**

**PLEASE PRINT**

 New Mount Zion Missionary Baptist Church

 2801 SE Indiana Ave. – Topeka, KS 66605

 Church Phone: (785) 267-6312

 Fax (785) 267-6347

**To be purchased from:**

**Reimbursement: Yes\_\_\_\_ No \_\_\_\_**

**(company name, address, city, state, zip)**

□ Make check payable to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Give check to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mail check to:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date Requested** | **Placed By** | **Date Expected** | **Organization** | **Activity** | **Date of Activity** | **Requisition Number** |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Quantity** | **Description** | **Price** | **Total** |
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 **Shipping & Handling**

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Ministry Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ministry Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Trustee Ministry Copy

|  |  |
| --- | --- |
| **Subtotal** |  |
| **Sales Tax Rate** |  |
| **Sales Tax** |  |
| **TOTAL DUE** |  |

 **For Office Use Only**

Trustee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

 Check No: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 Date Reviewed: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

 Check One: \_\_\_\_ Yes \_\_\_\_ No