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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**

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

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