

2021
FIRST MOUNT ZION BAPTIST CHURCH
CASH/PURCHASE REQUISITION
 [ONE CHECK PER FORM]

Department Head	Date [MM/DD/YYYY]
Church Administrator	Date [MM/DD/YYYY]

TO: TRUSTEE MINISTRY

FROM: **Name** [person completing form]: _____

Day Phone: _____ **Date of Request** [MM/DD/YYYY] _____

Ministry: _____

Leadership Oversight: [Check Box]

<input type="checkbox"/> Pastor	<input type="checkbox"/> Deacons	<input type="checkbox"/> Deaconess	<input type="checkbox"/> Trustees
<input type="checkbox"/> Church Administrator	<input type="checkbox"/> Music & Arts	<input type="checkbox"/> Christian Education	<input type="checkbox"/> Small Groups

Budget Category: _____	Line Item No. _____	Line Item Name _____
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Explanation: _____

PLEASE COMPLETE THE FOLLOWING

Pickup **Mail** **Date Check Required** [MM/DD/YYYY] _____ **Amount** \$ _____

1. Pay Vendor (Business) Name: _____ **Tax ID #** _____

Address _____

City _____ **State** _____ **Zip** _____

2. Pay Individual (Person) Name: _____ **SSN** _____

Address _____

City _____ **State** _____ **Zip** _____

Invoice/Account No. _____ **Invoice/Account Date** [MM/DD/YYYY] _____

Please attach all receipts connected with this request. All purchase requisitions must be approved by the Ministry Department Head or Co-Leader [Ministry Oversight]. The FMZBC Church Administrator, and the Trustee Ministry prior to purchase. Checks are processed weekly, normally on Tuesdays. Checks should not be made out to individuals unless the individual is under contract with FMZBC.

FOR FINANCE OFFICE USE ONLY

[] Approved [] Disapproved [] Hold Trustee Signature _____

CHARGE ACCOUNT (S) # _____	Date [MM/DD/YYYY] _____
Check # _____	Amount \$ _____
Payable To: _____	Vendor # _____
Account Balance _____	
