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| **2025**  **FIRST MOUNT ZION BAPTIST CHURCH**  **CASH/PURCHASE REQUISITION**  [All sections required. One check per request] |  |  |  | |  |
|  | **Department Head**  [signature required] | **Date** *[MM/DD/YYYY]* |  |

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| FROM: | **Name** [completed by]: |  |
| DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Email Address:** | | | |  | | | | | |  | | **Phone:** | | | | |  | | | | | | |
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| **Ministry:** | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Leadership Oversight:**  [must check box] | | | | | Pastor | | | | | | Deacons | | | Deaconess | | | | | Trustees | | | | |
| Church Administrator | | | | | | | | | Christian Education | | | | | | | | | |
| Music & Arts | | | | | | Small Groups | | | | | | | |  | | | | |
| **Budget Category:** | | | | | | | | **Line Item #** | | | | |  | | | | | | | | | | |
| **Line-Item Name** | | | | |  | | | | | | | | | | |
| **Pickup** |  | | **Mail** | | |  |  | | **Date Check Required** [mm/dd/yyyy] | | | | | |  |  | | **Amount** | | **$** |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | |

**Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Payee Name:** (All vendors/contractors require a Tax ID) | | | |  | | | | **Tax ID** | | |  | | | |  |
|  | | | |  | | | | | | | | | | |  |
| **Address** | | On file | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| **City** |  | | | | | | **State** | |  | | | **Zip** |  | |  |
| **Invoice/Account No.** | | |  | |  | **Invoice/Account Date** [mm/dd/yyyy] | | | |  | | | |  | |
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Effective January 8, 2023, FMZBC will cut checks bi-monthly (approximately the 15th and 30th). The completed requisition deadline will be the 1st for the 15th check run and the 15th for the end of the month check run. When the deadline date is on the weekend or holiday, the next business day will be the standard. All receipts, supporting documentation, and signatures (Ministry Department Head or Co-Leader [Ministry Oversight]) are required with this requisition. Review and administration approval will be made prior to issuing payment. Tax exemption certification should be provided to applicable vendors. Checks will not be made out to individuals unless the individual is under contract with FMZBC.

**FOR FINANCE OFFICE USE ONLY**

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| **Church Administrator Signature** | |  | | **Date** [mm/dd/yyyy] |  |
| **Check #:** |  | Check Amount: |  | **Account Balance:** |  |
| **Vendor:** |  | **Vendor Support:** | Yes No |  |  |

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| [ ] Approved |  | [ ] Disapproved |  | [ ] Hold | **Trustee Signature** |  |