

Spring Branch Baptist Church  
Check Requisition Form

A. Department/Auxiliary Information

Name \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_

B. Check Requisition

Check Amount \_\_\_\_\_

Purpose \_\_\_\_\_

\_\_\_\_\_

Give check to \_\_\_\_\_ Date Requested \_\_\_\_\_

C. Vendor Information

Company \_\_\_\_\_ Representative \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Cost</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Shipping & Handling \_\_\_\_\_  
Sales Tax \_\_\_\_\_  
Total Cost \_\_\_\_\_

D. Approval

For Office Use Only

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

Date Ordered \_\_\_\_\_  
Check Number \_\_\_\_\_  
Date Received \_\_\_\_\_  
Received by \_\_\_\_\_

