PURCHASE AND FUNDS REQUEST (PFR) FORM

Request Date: _____   **Date Needed:**_____
                                                                              Allow 5-7 Business Days

Budget Account # _____/_____ **Ministry/Department:** _____

Requested By: _____

Request Type: **Pre-Approval** (*required prior to purchasing*) **Est. Cost $**_____ **Approved:**_____
                                   Reimbursement   (Attach receipts – must have pre-approval)

                                   Advance   (Attach estimated quote)   **Est. Cost $**_____
                                   (Receipts due 5 days after purchase)
                                   Pay Invoice (Attach invoice)   **Check**   **or**   **Credit Card**

Purpose: _____

Approvals & Signatures

_____

Approved By: _____
                                   Ministry/Auxiliary/Team Signature

_____

Complete for Check Requests
Church Administrator

                                                                              Approved
Payable To: _____ **Amount: $**_____

Address: _____

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

Distribution Options:

   Mail   **Pickup**   **Place in Dept Mailbox**   **Other** _____
                                                                                                    (Please explain)

For Office Use - Advances Only

   Hold for Receipts?   **Date Receipts Received:** _____

Advance Amount: $_____   **Amount Due to PMBC $** _____   **Cash**   **Check**
Receipts Total: $_____
Difference: $_____   **Amount Due to Payee $**_____   **Check**
Donation

_____   _____
Approval Signature   **Person Receiving Funds**

Accounting: Apply Funds to Original Request Budget Account #

DESCRIPTION OF PURCHASE

Qty	Description	Unit Price	Total