

REQUEST FOR PURCHASE

Life Springs Christian Church

Please attach Tax Exempt Form

Make Check Payable to _____ Date ___/___/___

Address _____ City _____ Zip _____

Phone Number _____

Budget Dept.	Items to be Purchased	Justification or Use	Amount

Please allow two weeks for approval process

Requested by Dept. Head _____ Total _____

Phone Number _____

_____ Office will fill out _____

Budget Departments

- | | | |
|------------|-----------------|------------|
| Dance | Kingdom Kids | P.I.T Crew |
| Drama | Ladies Ministry | Trauma |
| Healing | Media Relations | Ushers |
| Home Group | Men's Ministry | Worship |

Approved By _____ Date _____

Budget Money Remaining _____

Paid by Check # _____ Or Credit Card _____

Copied and given to Dept. Head for order to be placed _____