



**LAURINBURG
PRESBYTERIAN CHURCH**



CHECK REQUEST

PURCHASE REQUISITION

Pay To the Order of / Requested From: _____ _____ _____	Current Date	Date Needed:
	Amount	Account Number:
	EXPENSE DEPARTMENT:	

Description of Expense or Comment: _____

Committee Responsible for Expenditure: _____ Committee/Departmental Approval: _____

Will any funds be collected and returned to the church to offset this expense? **YES** **NO**

If Yes, Amount Expected: _____ Individual Responsible: _____

SUBMITTED BY:

DATE

Business Manager