



# SUPPLIES, EQUIPMENT & SERVICES REQUISITION FORM

St. Martin Church of Christ, Inc.

**Vendor:**  
**Address:**  
**Phone Number:**

**Requisition Number:**  
**Requisition Date:**  
**Needed By:**

Description	Quantity	Unit Price	Total	
			Dollars	Cents

Method of Payment				
Cash	Check	Credit Card	Debit card	Other

<b>Sub Total</b>			
<b>Taxes</b>			
<b>Total</b>			

**Signature of Requesting Official**

**Grant Money Usage**

Budgeted Item? Yes  No

*Please mark the below box (X) if applicable*

Will Vendor Accept Tax Exempt Certificate? Yes  No

Hip Hop Ministry

Other

**Signatures of Approving Officials**

Electronic Initials	Date

Administrator: \_\_\_\_\_

Corporate Finance Officer: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Approving Officials Comment:** \_\_\_\_\_

**For Finance Office Use**

Finance Administrator or Finance Associate

Check Number: \_\_\_\_\_

Date Issue: \_\_\_\_\_