



Okolona Christian Church Check Requisition/Charge Report

PROJECT NAME _____

If designated, ONLY PROJECT PURCHASES can appear on this form.

Check Type: _____ Cash Advance (submit original & 2 copies)
 _____ Reimbursement (receipts are to be attached)
 _____ Invoice (attach copy) Invoice Date _____ PO #: _____

Make Check to: _____
 Address: _____

Purpose & Comments (Check or Charge):

Charge to VISA or Church Account (charge slips are to be attached)

Circle one:
 FAMILY CHRISTIAN LIFEWAY LOWES OFFICE DEPOT SAM'S OTHER _____
 VISA (Name on the Card) _____

Required for Check or Charge: Itemization of Expenses: (Check your ministry list of accounts for account numbers.)

Date	List: VISA Vendor(s)	Department	Account #	Amount
Total:				

Approval: Department Head: _____ Date: _____
 (Signature Required)

Person Requesting: _____ Date: _____
 (Signature Required, if not Dept Head)

Instructions:

1. Complete form. Approval must be obtained from the Department Head. Person requesting the Check, if not the Dept Head, must also sign.
2. Attach documentation (receipts or charge slips).
3. If a cash advance, submit 2 copies with original request. One will be returned. The returned copy is to be re-submitted to the Business Administrator with Cash Advance Accounting Form.

OCC is a non-profit, tax-exempt organization. The Kentucky Tax Exempt Number is: E-2950. When making purchases, please attempt to use OCC's tax exemption status.