

First Baptist Church Fair Oaks

PURCHASE / REIMBURSEMENT VOUCHER

| | |
|----------------------------|-------------------|
| General Information | |
| Requester _____ | Phone _____ |
| Date Submitted _____ | Date Needed _____ |
| Ministry/Activity _____ | |
| Account # _____ | |

| |
|-------------------------------|
| Make Check Payable To: |
| |
| |
| |

| ITEM | QTY | DESCRIPTION/EXPLANATION | EACH | EXTENDED |
|---|-----|---|---------------------|----------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| Check Distribution Options | | Manner of Payment | Tax | |
| <input type="checkbox"/> Mail | | <input type="checkbox"/> Account/Budget | Shipping Handling | |
| <input type="checkbox"/> Will Call | | <input type="checkbox"/> Other | Approx. Total | |
| <input checked="" type="checkbox"/> Other | | | Actual Total | |

| | | |
|--------------------------------------|-------------------------------------|--|
| Comments/Special Instructions | Order Information | Ministry Leader Approval (REQUIRED) |
| | Date Ordered _____ | By _____ Date _____ |
| | Ordered By _____ Ordered With _____ | Administrative Approval* |
| | How Shipped _____ Reference # _____ | By _____ Date _____ |

Note: The Lead Pastor has authority to spend all approved budget amounts. The Associate Pastor has authority to spend approved budget amounts up to \$2,000. All spending outside of approved budget amounts must be approved by the Lead Pastor in consultation with the Ministry Accountability Council. If the Lead Pastor is not available, The MAC chairperson or Vice-chairperson may approve voucher. (MAC 3-16-2021)