**SPRINGFIELD BAPTIST CHURCH**

**REQUISITION APPROVAL FORM**

**Please Complete All Applicable information**

The Pastor and the Administrative Staff appreciates your dedication to the ministry and the stewardship exemplified in the management of the church’s finances. To better serve you we have streamlined our procurement process. Adhering to the guidelines of this approval form will provide a structured process to assure requests are reviewed and handled in the most efficient manner possible.

**Form must be submitted 3 weeks prior to the date of Event**

Ministry Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Todays Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Ministry E-mail (**Mandatory**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@springfieldbaptistchurch.com

Deacon Liaison: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

Ministry’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SPECIAL NOTE: THE PURCHASING AGENT WILL CONFIRM CALENDAR, EVENT LOCATION AND**

**TRANSPORTATION AVAILABILITY UPON RECEIPT OF APPROVED REQUEST FORM.**

**EVENT INFORMATION**

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_ Event Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Attendees: \_\_\_\_\_\_\_\_

Event Starting Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Event Ending Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SPEAKER/INSTRUCTOR REQUIRED**

**No\_\_\_\_\_ Yes\_\_\_\_\_ (If Yes - *Please complete section below*)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Speaker/Instructor - Print Name)

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Street City ST Zip

Fee Payable to Speaker/Instructor $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRANSPORTATION REQUIRED**

**No\_\_\_\_\_ Yes\_\_\_\_\_ (If Yes - *Please complete section below*)**

Number of Passengers \_\_\_\_\_ Destination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Departure Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE THE FOLLOWING INSTRUCTIONS**

**DEACON’S APPROVAL**

IT IS THE RESPONSIBILITY OF THE MINISTRY CHAIRPERSON TO OBTAIN THE APPROVAL OF THEIR MINISTRY’S DEACON PRIOR TO THE SUBMITTAL OF THIS FORM TO PURCHASING**.**

**ALL REQUESTS SUBMITTED TO THE PURCHASING OFFICE SHALL BE DEEMED AS HAVING THE NECCESSARY APPROVAL OF BOTH THE MINISTRY’S CHAIRPERSON AND MINISTRY’S DEACON.**

**IF APPROVED, PLEASE SELECT SUBMIT TO FORWARD FORM TO THE PURCHASING OFFICE**

*NOTE: Purchasing Agent shall obtain Pastor’s Approval as warranted*

Pastor’s Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Approval/Pastor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Revised 5/11/2021

**MATERIAL / FOOD REQUEST FORM**

**All Requests, including food, should be forwarded to the Purchasing Office.**

Requestor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Quantity** | **Item Number/Description** | **Unit Cost** | **Extended Cost** |
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