

REQUISITION NO: \_\_\_\_\_

*Inspiring Temple of Praise*  
 2010 E. Lancaster Avenue  
 Fort Worth, TX 76103  
 (817) 870-9828  
 financeassistant@ymail.com

**VENDOR INFORMATION**

**MINISTRY INFORMATION**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 E-mail (if applicable) \_\_\_\_\_

Ministry Name \_\_\_\_\_  
 Ministry Leader \_\_\_\_\_  
 Requester \_\_\_\_\_  
 Event Name: \_\_\_\_\_  
 Date of Event: \_\_\_\_\_  
 Date Check Needed: \_\_\_\_\_

**PURCHASE INFORMATION**

ITEM#	QTY.	DESCRIPTION	UNIT PRICE	TOTAL
			<b>SUBTOTAL</b>	
			<b>SHIPPING</b>	
			<b>TAX</b>	
			<b>OTHER</b>	
			<b>TOTAL</b>	

**\*\* Please remember to turn in receipts once purchase is complete\*\***

**FOR STAFF ONLY**

**Event Planning** \_\_\_\_\_  
 (events only) (NAME) (SIGNATURE) (DATE)

**Executive Pastor:** DARYL R. DAVIS, II \_\_\_\_\_  
 (NAME) (SIGNATURE) (DATE)

**Senior Pastor:** REGINALD D. JORDAN \_\_\_\_\_  
 (if over \$1,000) (NAME) (SIGNATURE) (DATE)

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Initial \_\_\_\_\_ Date \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Check \_\_\_\_\_ Credit Card \_\_\_\_\_