

**Holy Martyrs of VietNam Parish  
Purchase Requisition Form**

**\*\* Before** making any purchase, complete this form and submit it to the Pastor for pre-approval.  
**\*\*For reimbursements, please use the Reimbursement Request Form.**  
**\*\*Please provide a brief explanation of the purpose for this request, and any special instructions.**  
**\*\*Please provide order date and received date in the spaces below.**  
**\*\*Please attach all pertinent documentation to include contract, order summary, original invoice, etc.**  
**\*\*Please print legibly.**

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

Requester/Preparer: \_\_\_\_\_

Department/Organization/Fund: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_

Description/Purpose: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Order Date: \_\_\_\_\_

Received Date: \_\_\_\_\_  
*(attach packing slip if available)*

Please provide the information requested below or attach an invoice/order form:

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Memo Line of Check: \_\_\_\_\_  
*(acct. #, reference #, invoice #, reimbursement, etc.)*

*REVIEWED BY:* \_\_\_\_\_ *DATE* \_\_\_\_\_

**APPROVED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_

**For Accounting Use Only:**

Invoice # \_\_\_\_\_

Amount: \_\_\_\_\_

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

Account # \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Date: \_\_\_\_\_