

PURCHASE REQUEST AND CREDIT CARD AUTHORIZATION FORM

(Please allow 2 weeks for processing)

Purpose: This form is to request event or ministry related items such as; food, supplies, decorations, services, etc. and request approval to use the company credit card for payment (if applicable).

Instructions: Complete this form in its entirety. Please submit 3 quotes per item for items over \$250 (one quote for items less than \$250). If use of the company credit card is being requested please provide the credit card user information. Please submit completed form to the Finance Department box in Room 300 or via email to accounts payable@harvestlifechangers.com. **If this is related to an event, please submit with your Event Binder to the Executive Events Director.**

Requestor Name: _____ Date: _____

Contact: _____ Email: _____

Ministry/Department Name: _____

Event Name: _____ Event Date: _____

Purpose: _____

Qty	Description (attach picture & quotes)	Vendor	Price per item	Total Cost	Quantity on hand	Last Ordered	Date item needed
Grand Total							

*attach additional forms if more space is needed

Requestor Signature: _____ Date: _____

Ministry Director Approval: _____ Date: _____

If you are personally picking up these items and a credit card is required for payment, complete the following:

Credit Card User (Signature): _____ Pick Up Date: _____

Credit Card User (Print): _____

For Office Use Only

Date Received: _____ **Date Processed:** _____ **Approved Event Plan?** Yes No

Responsible Entity: (Please check one)

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> HLCC | <input type="checkbox"/> Bookstore | <input type="checkbox"/> HWP (Harvest Word Publishing) |
| <input type="checkbox"/> LADD | <input type="checkbox"/> SOH (Sound of Harvest) | <input type="checkbox"/> Other: _____ |

Payment Method: (Please check one)

- | | | |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Billed by Invoice | <input type="checkbox"/> AMEX (HLCC) | <input type="checkbox"/> Home Depot |
| <input type="checkbox"/> Cost covered by HLCC/LADD | <input type="checkbox"/> AMEX (ROBIN) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Funds required in advance* | <input type="checkbox"/> AMEX (KAREN) | |
| <input type="checkbox"/> VISA (HLCC) | <input type="checkbox"/> Sam's Club | |

***NOTE:** For items requiring advance payment, such as t-shirts, etc., orders will not be processed based on estimates. All payments must be received from individuals/ministry members before the order is placed, unless otherwise authorized.

Finance Approval: _____ Date: _____

Executive Office Approval: _____ Date: _____