

Good Shepherd Presbyterian Church
1400 Killian Hill Road, Lilburn, GA 30047
770-921-7434

_____ **Purchase Order** _____ **Check Request**
(check one)

***Note: Original** receipts or invoice must accompany this form to receive reimbursement.
Please tape itemized receipts to a sheet of paper. Please turn this in to the accountant within
30 days of purchase date.

Make check payable to: _____

Address _____

Check should be: Mailed _____ Hold for pick up _____

<u>Date *</u>	<u>Invoice #*</u>	<u>Description</u>	<u>Acct to charge</u>	<u>Dollar Amount</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*if applicable

Total Amount _____

Requesters Name _____ Date submitted _____

Elder Approval _____ Date Approved _____

Date Bookkeeper entered in system _____ Check number _____