



PURCHASE/REIMBURSEMENT/ FUND TRANSFER/DEPOSIT FORM

2200 North Meridian Road ~ Tallahassee, FL 32303 ~ Phone 850-385-6151 Fax 850-385-6791

Attach applicable documentation (receipt, invoice, e-mail approval, etc.). If submitting deposit, paper clip checks.

Check One:

Mail check: or Give check to:

<input type="checkbox"/> Deposit	<input type="checkbox"/> Credit Card Charge	<input type="checkbox"/> Check Request	
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VENDOR Complete address if not on invoice or on file in Fin. Office	Name: _____ Address: _____ _____ _____
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COMMITTEE/ MINISTRY:		Date Submitted:	
Date	Ministry Line Item/Account #	DESCRIPTION	Amount
TOTAL			

SUBMITTED BY: _____

APPROVED BY & DATE: _____

MUST HAVE MODERATOR SIGNATURE, APPROVAL ATTACHED, OR ANNUAL APPROVAL ON FILE

IF MODERATOR ANNUAL APPROVAL ON FILE IN FINANCE OFFICE, CHECK BOX:

SPECIAL INSTRUCTIONS:
