



Loving Others  
Igniting A Passion for Christ  
Seeking Godly Change  
Providing A Safe Haven  
While Touching Our Community

**CHAPEL OF THE CROSS  
PURCHASE AND REIMBURSEMENT  
REQUEST FORM**

Request Date \_\_\_\_\_

Reason for purchase \_\_\_\_\_ Date needed \_\_\_\_\_

Projected Amount \_\_\_\_\_

Requested by \_\_\_\_\_ Contact phone number \_\_\_\_\_

Vendor \_\_\_\_\_

Purchase to be made by \_\_\_\_\_

Authorization \_\_\_\_\_ Department. \_\_\_\_\_ Team Leader \_\_\_\_\_ SDMI \_\_\_\_\_

**ALL requests must be pre-approved BEFORE the expense will be incurred. Please attach catalog pages and order forms to this form.**

Please submit completed form to the applicable Team Leader for their signature. This enables them to keep track of their budgets. We appreciate your cooperation.

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**REIMBURSEMENT REQUEST**

Request Date \_\_\_\_\_ Amount \_\_\_\_\_

Issued to (Name and Address) \_\_\_\_\_  
\_\_\_\_\_

Requesting Individual \_\_\_\_\_

Authorization \_\_\_\_\_ Department. \_\_\_\_\_ Team Leader \_\_\_\_\_ SDMI \_\_\_\_\_

Receipts **MUST** be attached for reimbursement to be made.