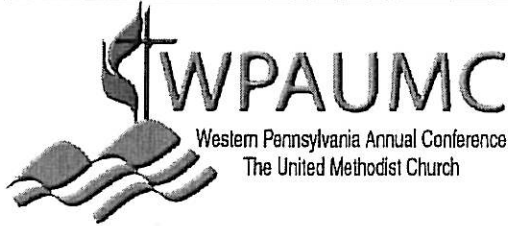


**REQUISITION FORM**



1204 FREEDOM ROAD  
CRANBERRY TOWNSHIP, PA 16066  
PHONE: 724-776-2300 FAX: 724-776-1355

**Requested by:** \_\_\_\_\_

**Ministry Team:** \_\_\_\_\_

**Purpose or Use:** \_\_\_\_\_

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

**Vendor Address:** \_\_\_\_\_

**Vendor Address 2:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Vendor Contact:** \_\_\_\_\_

**Date Needed:** \_\_\_\_\_

**Purchase order no:** \_\_\_\_\_

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

**Budget Line:** \_\_\_\_\_

**Delivery or Service address:**

**Delivery address:** \_\_\_\_\_

**Delivery address 2:** \_\_\_\_\_

**City** \_\_\_\_\_ **state:** \_\_\_\_\_ **zip:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Ship Via:** \_\_\_\_\_

PRODUCT/SERVICE DESCRIPTION	ITEM NO.	QTY	UNIT PRICE	EXTENDED COST
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>TOTAL</b>				\$0.00

**REQUESTOR'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Accounting Department Use Only**

**APPROVAL SIGNATURES:**

**Supervisor or Team Leader:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Vendor EIN or SS on file?** \_\_\_\_\_ **YES:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **NO:** \_\_\_\_\_