**REQUISITION FORM**

**WPAUMC**
Western Pennsylvania Annual Conference
The United Methodist Church

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:**

**Date:**

**Budget Line:**

**Delivery or Service address:**

**Delivery address:**

**Delivery address 2:**

**City**  **state:**  **zip:**

**State:**  **Zip:**

**Phone:**  **Fax:**

**E-Mail:**

**Ship Via:**

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<th>PRODUCT/SERVICE DESCRIPTION</th>
<th>ITEM NO.</th>
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<th>UNIT PRICE</th>
<th>EXTENDED COST</th>
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**TOTAL**

**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:**

**Date:**