

## Purchase Request Form St. Patrick Parish and School



Make Payable by: Check Credit Card ACH Scrip Gift Card

Credit card and ACH are used only if placing the order. Please note the trans	Checks are not accepted. Credit Card an saction may not go through if there is no	d ACH purchases also Payment Approval.	require Payment Approv	al below p	rior to
Make payable to:					
Mailing Address:					
Email Address:					
Total: \$	Received Invoice:	/ In	voice Due Dat <u>e:</u>		
For credit card purchases onl	y: Order Placed:/	Orde	r Delivered:		
Is this an expense reimburser	nent request? Yes	No Invoice Nun	nber:		
<b>Staff only:</b> If this is a mileage r	eimbursement, a mapped route u e expectations related to employed	hich shows miles t reimbursement.	raveled is required. P	lease see	the
The 2024 mileage rate is .67 $\mathcal C$ p	er mile. Is the mapped route atta	ched? Ye	s No		
Purpose of this transaction:					
Notes:					
Expense Account Number	Amount	Project Tag: Inc.	ome and expensed are specifi ncome and expense account i	cally tracke numbers.	d outside
	\$		· · · · · · · · · · · · · · · · · · ·		
	\$				
	\$				
	\$				
please contact the vendor to o	uired for all non-reimbursements btain the W-9 form.  heck Hand delivery, send		-9 form is not alread	dy on fil	le
Invoice Attached: Yes	No Requested by:		Date:	_/	
<b>Processing Approval:</b> I, as services were received per the at	s the payment requestor, certify t tached invoice:	he attached invoice	is valid and the prod	uct and/o	or
-		Today's Date:			
Administrator Approval this purchase:	: I, as the budget administrator o	f the expense accou	nt number(s) listed a	bove, арұ	prove
Signature:		Today's Date:	:		
Payment Approval: I, as the attached invoice/payment reques	he Parish Priest, certify the check	is prepared proper	ly and approve it as p	oayment <sub>.</sub>	for the
Signature:		Today's Date:	:		