



Faith Deliverance Worship Center
1304 Route 130 North
Burlington Township, New Jersey 08016

Requisition Form

(Print or type, and attach all receipts. There will be no exceptions!)

Requested By: _____

Requested Ministry: _____

Funds are needed by: _____

Ministry account to be charged: _____

Name of Vendor: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

REMARKS:



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OFFICIAL SIGNATURES:

Person Requesting: _____

Ministry Leader: _____

Administrator: _____

DO NOT WRITE BELOW THIS LINE
TO BE COMPLETED BY ADMINISTRATIVE STAFF

- Approved
- Approved with following exceptions: _____

- Disapproved because: _____

TREASURER'S SIGNATURE: _____ DATE: _____

CHECK NUMBER USED: _____ DATE: _____ TOTAL AMOUNT: _____