

# PURCHASE REQUISITION FORM

## Sacred Heart Catholic Church

512 CAPE ROAD, KABEGA, PORT ELIZABETH, 6001

Parish Office: 041 360 8240

Email: [secratory@sacredheartkabega.co.za](mailto:secratory@sacredheartkabega.co.za)

Ref:

### **REQUESTOR**

DATE SUBMITTED	
SODALITY / OFFICE	
REQUESTED BY	

### **ITEMS REQUESTED**

1.
2.
3.
4.
5.

### **MOTIVATION**

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### **VENDOR QUOTES:**

	<u>VENDOR NAME</u>	<u>QUOTE VALUE (R)</u>
1.		
2.		
3.		

- ❖ ATTACH ORIGINAL QUOTES TO COMPLETED FORM
- ❖ R1000.01 AND ABOVE WILL BE SUBMITTED TO THE PFC IN THE NEXT SCHEDULED PFC MEETING.
- ❖ ALL PURCHASE REQUESTS MUST BE HANDED IN PRIOR TO NEXT PFC MEETING FOR APPROVAL
- ❖ ONLY APPROVED REQUISITIONS TO BE REIMBURSED

### **PARISH OFFICE APPROVAL:**

NAME & SURNAME	
DESIGNATION	
SIGNATURE	
DATE	
NAME & SURNAME	
DESIGNATION	
SIGNATURE	
DATE	