

OPERATIONS TEAM / LARGE-PURCHASE APPROVAL FORM



1611 S. Main Street
Hopkinsville, KY 42240
270.885.5223

DATE REQUESTED: _____

DATE NEEDED: _____

SUGGESTED
PAYEE/VENDOR: _____

ADDRESS: _____

BUDGET ACCOUNT (Name/Number): _____

Designated Funds: _____

Reserve Funds: _____

REQUEST DESCRIPTION: _____

ESTIMATED AMOUNT OF PURCHASE

\$

REQUESTED BY: _____ DATE

(For office use only)
BUDGET AMOUNT AVAILABLE PRIOR TO THIS REQUEST: \$ _____

Financial Secretary: _____ DATE
(Indicates budgeted funds are available)

Ministry Staff Endorsement: _____ DATE

Operations Team Approval: _____ DATE

All purchases of \$500 or more requires the advance approval of the Operations team.