



Fourth District Missionary Baptist Association

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Dr. Rene' F. Brown, President

Requisition To Purchase

2 WEEKS NOTICE REQUIRED

(Please Print)

To Be Purchased From:

(Company Name, Address, City, State, and Zip Code, Web Address)

Reimbursement: Yes No

Make Check Payable To:

Give Check To:

Mail Check To:

Charged to District Auxiliary (please specify):

Date Requested:

____/____/____

Date Expected:

____/____/____

Person Making Request:

Activity/Ministry:

Date of Activity:

____/____/____

QUANTITY	DESCRIPTION	PRICE	TOTAL

Subtotal: \$ _____

Shipping & Handling: \$ _____

Sales Tax: \$ _____

Grand Total: \$ _____

Auxiliary Leader Date

District Treasurer Date

Vice President Date

Office Use Only:

Requisition #: _____

Date Requisition Received: ____/____/____

Date Requisition Reviewed: ____/____/____

Approved: Yes No

Check/Credit Card #: _____

Date: ____/____/____