

## CHAPEL TITHES AND OFFERING FUND (CTOF) PURCHASE REQUEST

*Fill out completely. Incomplete forms will be returned to the requestor and could delay processing.*

|   |               |                              |                             |
|---|---------------|------------------------------|-----------------------------|
| 1. REQUESTER'S NAME (Last, First, Middle Initial) | 2. DUTY PHONE | 3. DATE SUBMITTED (YYYYMMDD) | 4. DATE REQUIRED (YYYYMMDD) |
|---|---------------|------------------------------|-----------------------------|

|         |                                   |                 |
|---------|-----------------------------------|-----------------|
| 5. BASE | 6. ACCOUNTING CLASS (Faith Group) | 7. EXPENSE CODE |
|---------|-----------------------------------|-----------------|

|            |  |
|------------|--|
| 8. PROGRAM | 9. METHOD OF PURCHASE  |
|            | <input type="checkbox"/> PREPAID CHECK <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> PROJECT OFFICER <input type="checkbox"/> TRANSFER <input type="checkbox"/> CREDIT CARD<br><input type="checkbox"/> USD CHECK <input type="checkbox"/> FOREIGN CURRENCY CHECK <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT) |

### 10. DESCRIPTION OF PURPOSE

| ITEM DESCRIPTION AND NUMBER (If applicable) | QUANTITY | UNIT | UNIT PRICE | TOTAL COST | TYPE OF CURRENCY |
|---|----------|------|------------|------------|------------------|
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
|   |          |      |            |            |                  |
| SHIPPING COST                               |          |      |            |            |                  |
| <b>GRAND TOTAL</b>                          |          |      |            |            |                  |

|                            |
|----------------------------|
| 11. ADDITIONAL INFORMATION |
|----------------------------|

### 12. FUNDS PAYABLE TO

|                                       |                 |               |               |
|---------------------------------------|-----------------|---------------|---------------|
| a. NAME (Last, First, Middle Initial) | b. FULL ADDRESS | c. DUTY PHONE | d. FAX NUMBER |
| e. EMAIL                              |                 | f. WEB SITE   |               |

### 13. AUTHORIZATION

| TITLE                              | NAME (Last, First, Middle Initial) | SIGNATURE | DATE (YYYYMMDD) |
|------------------------------------|------------------------------------|-----------|-----------------|
| a. REQUESTER                       |                                    |           |                 |
| b. PROGRAM LEADER                  |                                    |           |                 |
| c. SENIOR FAITH GROUP              |                                    |           |                 |
| d. WING CHAPLAIN (\$1,000 or more) |                                    |           |                 |

### 14. ACCOUNT MANAGER

*I certify that this purchase is authorized under AFI 52-105, Vol II, Chaplain Service Chapel Tithes And Offering Fund, and local instructions.*

|                             |                                  |                            |
|-----------------------------|----------------------------------|----------------------------|
| a. NAME OF ACCOUNT MANAGER  | b. SIGNATURE OF ACCOUNT MANAGER  | c. DATE SIGNED (YYYYMMDD)  |
| 15. NAME OF CHECK RECIPIENT | 16. SIGNATURE OF CHECK RECIPIENT | 17. DATE SIGNED (YYYYMMDD) |

### CAS TECHNICIAN INTERNAL USE ONLY

|                              |                               |                            |                      |                  |
|------------------------------|-------------------------------|----------------------------|----------------------|------------------|
| 18. DATE RECEIVED (YYYYMMDD) | 19. DATE PROCESSED (YYYYMMDD) | 20. DATE MAILED (YYYYMMDD) | 21. CK OR EFT NUMBER | 22. PROCESSED BY |
|------------------------------|-------------------------------|----------------------------|----------------------|------------------|