

## 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 <i>(Last, First, Middle Initial)</i>	2. DUTY PHONE	3. DATE SUBMITTED (YYYYMMDD)	4. DATE REQUIRED (YYYYMMDD)
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5. BASE	6. ACCOUNTING CLASS <i>(Faith Group)</i>	7. EXPENSE CODE
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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 <input type="checkbox"/> USD CHECK <input type="checkbox"/> FOREIGN CURRENCY CHECK <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT)
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### 10. DESCRIPTION OF PURPOSE

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

11. ADDITIONAL INFORMATION

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### 12. FUNDS PAYABLE TO

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

### 13. AUTHORIZATION

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

### 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)
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15. NAME OF CHECK RECIPIENT	16. SIGNATURE OF CHECK RECIPIENT	17. DATE SIGNED (YYYYMMDD)
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### CAS TECHNICIAN INTERNAL USE ONLY

18. DATE RECEIVED <i>(YYYYMMDD)</i>	19. DATE PROCESSED <i>(YYYYMMDD)</i>	20. DATE MAILED <i>(YYYYMMDD)</i>	21. CK OR EFT NUMBER	22. PROCESSED BY
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