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
	☐ PREPAID CHECK ☐ REIMBURSEMENT ☐ PROJECT OFFICER ☐ TRANSFER ☐ CREDIT CARD ☐ USD CHECK ☐ FOREIGN CURRENCY CHECK ☐ 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		
			GRAND TOTAL		

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