

Commanders Initials: _____

Date: _____

FRG PURCHASE APPROVAL

Note: *This form should be completed prior to making any purchases or reimbursements.*

Date: _____

The following items/services are required for the _____
(Event)

Requested items are needed by _____
(Date)

Purchaser Name: _____

| <u>ITEM (S)</u> | <u>QTY</u> | <u>COST</u> | <u>TOTAL</u> |
|------------------------|-------------------|--------------------|---------------------|
|------------------------|-------------------|--------------------|---------------------|

| | | | |
|----------|--|--|--|
| 1. _____ | | | |
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| 2. _____ | | | |
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| 3. _____ | | | |
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| | | | |
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| 4. _____ | | | |
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| 5. _____ | | | |
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| 6. _____ | | | |
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Reason for Purchase:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |

Total Amount Approved: \$_____

Method of payment--Circle One: Check Reimbursement

Date Paid: _____ **Check #:** _____

Approved by:

(FRG Leader Signature)

(FRG Treasure Signature)

(Date)

(Date)

(Attach receipts and file for future reference)