		T	AB A			
	For	t Bragg Non-Appropriated Purchase Or	-		Offerings F	und
Date: Requestor:			Vendor:			
		IMPAC PURCHASE Sub Acct#	Address/Phone:			
Qty		Description of Items or Services		Unit Cost	Total Cost	
	Shipping					
and mailed to the vendor. The Fund Manager is the only one who may better serve you; we ask that you complete every field on this impede the process. Remember to give a religious justification in to the Note: You have (3) three business days to return the receipt to our office. Purchase order numbers must be legibly printed on all receipts. It is also very imperative that everyone understand: THE RECEIPT MUST NOT EXCEED THE PURCHASE ORDER AMOUNT. If the receipt exceeds the purchase order amount, YOU			on this for ation in the ecceipt to don all nd: THE	orm as accurate as possible; to not do so will only e Program Comments section.  Shipping Charges:  Grand Total:		
		ne full amount!	arit, 100,			
Program	n Comments	S:				
Point of	Contact for	this event and phone number	er:	Date of eve	nt:	
Requeste	er (Print and S	Sign :)		_ Date:		
Approving Chaplain (Print and Sign :)				_ Date:		