

| 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) | |
| (b)(6) | | 333-(b)(6) | 20140318 | 20140411 | |
| 5. BASE | 6. ACCOUNTING CLASS (Faith Group) | | 7. EXPENSE CODE | | |
| USAFA Cadet Wing | Wiccan | | 1202 | | |
| 8. PROGRAM | | 9. METHOD OF PURCHASE | | | |
| 049 | | <input type="checkbox"/> PREPAID CHECK <input type="checkbox"/> REIMBURSEMENT <input type="checkbox"/> PROJECT OFFICER <input type="checkbox"/> TRANSFER <input type="checkbox"/> CREDIT CARD <input checked="" type="checkbox"/> USD CHECK <input type="checkbox"/> FOREIGN CURRENCY CHECK <input type="checkbox"/> ELECTRONIC FUNDS TRANSFER (EFT) | | | |
| 10. DESCRIPTION OF PURCHASE | | | | | |
| ITEM DESCRIPTION AND NUMBER (if applicable) | QUANTITY | UNIT | UNIT PRICE | TOTAL COST | TYPE OF CURRENCY |
| Registration and meals for Earth Centered Beltania festival | 1 | 1 | 260.00 | 260.00 | USD |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| SHIPPING COST | | | | | |
| GRAND TOTAL | | | | 260.00 | USD |
| 11. ADDITIONAL INFORMATION | | | | | |
| Cost will cover two passes at \$90/pass and four food passes (two food passes for each day) at \$20 a piece. The Earth Centered participants will attend the Beltania festival on May 10th-11th 2014. | | | | | |
| 12. FUNDS PAYABLE TO | | | | | |
| a. NAME (Last, First, Middle Initial) | | b. FULL ADDRESS | c. DUTY PHONE | d. FAX NUMBER | |
| Living Earth | | 13124 Spica Dr., Littleton CO 80124 | 720-982-0696 | | |
| e. EMAIL | | | f. WEB SITE | | |
| (b)(6) | | | http://www.beltania.org/ | | |
| 13. AUTHORIZATION | | | | | |
| TITLE | NAME (Last, First, Middle Initial) | SIGNATURE | DATE (YYYYMMDD) | | |
| a. REQUESTER | (b)(6) | (b)(6) | 20140320 | | |
| b. PROGRAM LEADER | (b)(6) | (b)(6) | 20140325 | | |
| 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 2 and local instructions. | | | | | |
| a. NAME OF ACCOUNT MANAGER | | b. SIGNATURE OF ACCOUNT MANAGER | c. DATE SIGNED (YYYYMMDD) | | |
| (b)(6) | | (b)(6) | 20140327 | | |
| 15. NAME OF CHECK RECIPIENT | | 16. SIGNATURE OF CHECK RECIPIENT | 17. DATE SIGNED (YYYYMMDD) | | |
| | | | | | |
| FOR CHAPLAIN CORPS ACCOUNTING CENTER USE ONLY | | | | | |
| 18. DATE RECEIVED (YYYYMMDD) | 19. DATE PROCESSED (YYYYMMDD) | 20. DATE MAILED (YYYYMMDD) | 21. CK OR EFT NUMBER | 22. PROCESSED BY | |
| | | | | | |