

CTOF Direct Payment Request

1. Administrative Information

Request Number:

Requested By:

Phone:

Request Date:

Garrison:

Fund Code:

2. Vendor Information

Vendor Name:

Address:

Website:

Point of Contact:

Phone:

E-mail:

Payment Method: [CLICK HERE](#)

Payment Purpose: [CLICK HERE](#)

Purchase Description:

3. Purchased Items

Item Description	Quantity	Unit Cost	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total:			\$ -

4. Lines of Accounting

Location	Department	GLAC	Amount
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total:			\$ -

5. Signatures

Requestor Signature

Sponsoring Chaplain

Fund Manager Signature