



Purchase Order

Date: _____

Check needed by: _____
 Checks will be available only on Thursday of each week.

_____ Mail check. _____ I will pick up check.

****Approval required for purchases over \$250.****

For Office Use Only:
Check #: _____ Date: _____

Please write check to:

Name _____

Address _____

City/State/Zip _____

Covering Expenses For _____

Receipts required for reimbursements.

Charge to the following budget item(s):

Budget/Designated Account Number	Account Name	Amount
Total:		

Request made by _____ Position _____

Is the department director or chairman of this committee aware of this request? _____ Yes _____ No

Approved by _____ Date _____

(Pastor, Minister of Education/Administration or Minister of Music)

***If the total is over \$250, you must provide at least three prices or quotes.

Vendors/Suppliers	Contacted (yes/no)	Price Quoted
Name _____ Phone _____		
Name _____ Phone _____		
Name _____ Phone _____		