

Purchase Order/Reimbursement Form

CENTRAL PRESBYTERIAN CHURCH
402 KIMBARK STREET
LONGMONT, CO 80501

P.O. No.: _____

P.O. DATE: _____

DATE PAYMENT REQUIRED: _____

Payable to: Name: _____
Address: _____

Date Ordered: _____			Requested by: _____			
#	Budget Line Item	Account #	Description	Quantity	Unit Cost	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
					TOTAL	\$

STAPLE ALL RELATED RECEIPTS TO THE BACK OF THIS FORM

Date Received: _____

Approval: _____
Name of Staff Member

Vendor: _____

Account #: _____

Date Paid: _____ Check #: _____

IN ORDER FOR THIS FORM TO BE APPROVED AND PROCESSED TABLE MUST BE FILLED IN COMPLETELY WITH CORRECT BUDGET LINE ITEM, ACCT #'S, ETC; OTHERWISE IT WILL BE RETURNED TO YOU FOR COMPLETION.