		Pur	chase Order/Re	eimbursemen	it Form		
CENTR	AL PRESBYTERIAN CHU	JRCH					
402 KIMBARK STREET LONGMONT, CO 80501			P.O. No.:				
				P.O. DAT	P.O. DATE:  DATE PAYMENT REQUIRED:		
				DATE PAY			
Payat	le to: Name: Address:						
						_	
	Ordered:		Requested by:				
#			Requested by:		Quantity	Unit Cost	Amount
<b>#</b> 1	Ordered:		Requested by:			Unit Cost	Amount
# 1 2	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3	Ordered:		Requested by:			Unit Cost	Amount
# 1 2	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3 4 5 6	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3 4 5 6 7	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3 4 5 6 7 8	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3 4 5 6 7 8 9	Ordered:		Requested by:			Unit Cost	Amount
# 1 2 3 4 5 6 7 8	Ordered:		Requested by:			Unit Cost	
# 1 2 3 4 5 6 7 8 9 10	Ordered:  Budget Line Item	Account #	Requested by: Description			Unit Cost	Amount
# 1 2 3 4 5 6 7 8 9 10	Ordered: Budget Line Item	Account #	Requested by: Description  THE BACK OF THE	IIS FORM	Quantity	TOTAL	\$
# 1 2 3 4 5 6 7 8 9 10 Date I	Ordered: Budget Line Item  LE ALL RELATED RE	Account #	Requested by: Description  THE BACK OF TH	IIS FORM	Quantity	TOTAL	\$
# 1 2 3 4 5 6 7 8 9 10 STAPI	Cordered:  Budget Line Item  LE ALL RELATED RE  Received:	Account #	Requested by: Description  THE BACK OF THE	IIS FORM	Quantity  Approval:	TOTAL	
# 1 2 3 4 5 6 7 8 9 10 STAPI	Ordered: Budget Line Item  LE ALL RELATED RE	Account #	Requested by: Description  THE BACK OF THE	IIS FORM	Quantity  Approval:	TOTAL	\$

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.