

PURCHASE ORDER REQUEST FORM

Requested by: _____

Department: _____

Reason for purchase: _____

Account name: _____

Date Requested: _____

Date Needed: _____

Approved by: _____

Date Approved: _____

ALL REQUESTS MUST BE PRE-APPROVED BY THE DEPARTMENT PASTOR / DIRECTOR OR EXECUTIVE PASTOR

ACCOUNT	AMOUNT	DESCRIPTION

TOTAL: _____

PLEASE ATTACH ANY WEB PRINTOUT OR E-MAIL OR FAXED QUOTATION RECEIVED FROM VENDOR.