Purchase Order Form

Date: _____ Daytime Phone: _

PO Number Assigned by Church Business Office upon approval.		
NO:	FILE:	

This form should be completed and retuned to church office. The church office will place the order for you. Please complete this form in its entirety.

YOU MUST BE A DIRECTOR OF THE DEPARTMENT/MINISTRY TO REQUEST ORDER.				
Today's Date:/ Your Name & Ministry/Department:				
For what purpose will the items/services be used?				
Vendor/Merchant Information				
Company Name:	Account #			
Contact Name:	Telephone:			
Mailing Address:	City:	_ State: ZIP:		
FAX:				
QTY Item Number & Descr	iption	Unit Price Amount		
When do you need these items? Commen				
	Church Office Use Only			
I promise that the items (or services) requested are to be used exclusively for Trinity Baptist Church, and I will keep	Funding Acct			
them in as good condition as possible. I promise to keep all of the items at Trinity Baptist Church or at an approved location.	Funds Approved Approved Vendor			
	Order Method: WEB MAIL FAX PHONE Ordered by: on: Payment Method:			
Departmental Director's Signature:	Spoke With: Ship VIA:			
Print Name:	Order #			
Date: Davtime Phone:	Nevils Trinity Baptist Church, Inc. Marie Waters, Treasurer	©2008 Form PO		