Purchase Order Form

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 & Description	Unit Price	Amount

When do you need these items? _____ Comments: _____

I promise that the items (or services) requested are to be used exclusively for Trinity Baptist Church, and I will keep them in as good condition as possible. I promise to keep all of the items at Trinity Baptist Church or at an approved location.

Departmental Director's Signature: _____

Print Name: _____

Date: _____ **Daytime Phone:** _____

Church Office Use Only

Funding Acct _____

Funds Approved _____ Approved Vendor _____

Order Method: WEB MAIL FAX PHONE

Ordered by: _____ on: _____ Payment Method: _____

Spoke With: _____ Ship VIA: _____

Order #_____

Nevils Trinity Baptist Church, Inc.
Marie Waters, Treasurer

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