

Purchase Order

OKOLONA CHRISTIAN CHURCH

Date: _____

PO #: _____

Vendor: _____

Ministry: _____

_____ (if applicable)

MUST BE TURNED IN BY Noon on Tuesday

Needed By: _____ (no less than 2 weeks in advance)

Proposed Purchase Date	Description	Ministry Account Number (per Quarterly Spending Forecast)	COST
Total Cost			

If you anticipate receiving income to offset the expense listed above, please indicate below:

Anticipated Receipt Date	Source of Income	Comments	Amount
Total Income			
Net Cost			

By approving this PO, the Department Head certifies that the expenditure falls within the appropriate Quarterly Spending Forecast.

Submit this form **IN DUPLICATE** to the Department Head. No purchase can be made until a signed form is returned to you with a PO Number.

Approved By

Department Head Date

FOT Date