

# St Peter Catholic Church Purchase Order Request

Date: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Requested by: \_\_\_\_\_

Vendor Phone #: \_\_\_\_\_

Vendor Account # \_\_\_\_\_

Item	Item Number	Description	U/M	Qty	Unit Cost	Extended Cost	Account #
1							
2							
3							
4							
5							
6							
7							
8							
9							
		Sub-Total					
		Estimated Shipping					
		Total Cost					

Approved By: \_\_\_\_\_

Pastor Approval: \_\_\_\_\_