

St. John Evangelist Catholic Church

Purchase Order Form

Name: _____

Date: _____

Parish Group or Department: _____

Budget line, if known: _____

Total Amount Requested: _____

Check to be made out to: _____

Parish credit card to be used

Vendor: _____

Purchase Description & Costs:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Purpose for purchase or comments:

Processed by: _____

Date: _____