



FINANCE DEPARTMENT
PURCHASE ORDER

Invoice(s) attached Receipt(s) attached

All fields are required. Please submit to finance office by 5pm on Monday for approval.

exceptions for benevolence

PAPER - {drop in Finance Office} **-OR-** **DIGITAL** - email Jari and Debbie
please keep one copy for your personal records

VENDOR INFORMATION
Vendor Name:
Vendor Address:
Vendor Phone:

PAYMENT & CONTACT INFO
Submitted by:
Your email:
Date Submitted: Date Required:
Event Name:
<input type="checkbox"/> CHECK <input type="checkbox"/> AMEX: _____ <i>(Indicate card holder name)</i>

SELECT LOCATION: Allentown Macungie Nazareth Bethlehem Easton Central Café Vida City Hope

Name of ministry (example: Kids Life): _____

PRODUCT DESCRIPTION – <i>please attach invoice(s) and receipt(s)</i>	QTY	PRICE	TOTAL
PAYMENT – <i>If check is required, indicate delivery method:</i> <input type="checkbox"/> Mail <input type="checkbox"/> Staff Mailbox: _____	SUBTOTAL		
	SHIPPING		
	TAX		
	TOTAL		

AUTHORIZATION

Signature of Supervisor

Date: