St. John's United Methodist Church Downtown

Not to be used for travel expenses

Please circle one: St. John's United Methodist Church Bread of Life St. John's Academy

Date of Request:_____

Name _____

Phone: _____

Fund to be Charged:_____

Description of Purchase Request: _____

_____

I certify that the above is true and correct and that all purchases are for official business use only.

Print Requestor's name & Signature: _____ _____

(Please Print Legibly)

Pay to the order of:_____

(Attention):_____

Address:_____

City, State, Zip Code:_____

Phone:_____

Fax _____

Qty	**Part Number & Description (for purchase request)** **Vendor (for reimbursements)**	**Cost/Each**	**Sub-Total**
	(Use Back If Necessary) **Shipping**		
	U.S. Standard Ground if not otherwise indicated	**Total** →	

Approved by:_____ Date:_____ PO#_____