Ebenezer
United Methodist Church
"The Church LOVE (Jesus) is building... one life at a time."

PURCHASE ORDER

P.O. #: 17 -

Purchaser:

DATE:

☐ HOT – 2 day turn around

☐ URGENT – 4 day turn around

☐ NORMAL – 7 day turn around

DESIGNATED FUND TRANSFER REQUEST: (Finance Use Only)

From Account	To Account	Amount
2 - 8 _ _ _ _	2 - 8 _ _ _ _	$_____
2 - 8 _ _ _ _	2 - 8 _ _ _ _	$_____
2 - 8 _ _ _ _	2 - 8 _ _ _ _	$_____

Please sign Committee Authorization line at bottom of page.

Company Name	Delivery Date

Funding Source Acct # (Designated Fund) (if applicable)	Expense Account # (General Fund)	Last 4 Church CC	Description	Qty	Unit Price	Total Cost

Estimated Total

TOTAL*

*This total should equal the total of the invoice(s) or receipts submitted w/ this P.O.

Notes or Justification:

For Finance Use:
Amount Remaining in Accounts: _____ _____
_____ _____
_____ _____

For personal reimbursement, please enter the info below:

Name:

Address:

City, State, ZIP:

Phone:

Committee Authorization Date

Finance Authorization Date

Ebenezer United Methodist Church 1589 Steeple Drive Suffolk, VA 23433 Phn: 757-238-2359 Fax: 757-238-7765

This form may be downloaded online at www.ebumc.net/forms.php