

P.O. #: 19 -

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

Notes or Justification:

For Finance Use:
Amount Remaining in Accounts: _____

Estimated Total	
TOTAL*	

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

For personal reimbursement, please enter the info below:

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Committee Authorization Date

Finance Authorization Date