



Purchaser:

**P.O. #: 20 -**

DATE:

**DESIGNATED FUND TRANSFER REQUEST: (Finance Use Only)**

- HOT – 2 day turn around
- URGENT – 4 day turn around
- NORMAL – 7 day turn around

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:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Estimated Total</b>	
<b>TOTAL*</b>	

\*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