



St. Mary-Torun

PURCHASE ORDER

Today's Date: _____

Submitted on behalf of: _____

For the purpose of: _____

Needing: _____

Requestor: _____

Phone: _____

Email: _____

Yes No -- I would like a copy of this form to be returned to me.

Vendor	Item	Cost (Estimated or Actual)

- Item will be purchased and receipt provided for reimbursement
- Vendor(s) will mail invoice to office
- Check will be needed to make purchase
Requested check pickup date: _____
- Other (specify): _____

Office Use:

Purchase Order #: _____

Received:

Date: _____ By: _____

Approval:

Date: _____ By: _____

A PURCHASE ORDER IS REQUIRED FOR A CHECK TO BE ISSUED.

PURCHASES OVER \$50 REQUIRE PRIOR APPROVAL