LA PLATA UNITED METHODIST CHURCH
REQUEST TO PURCHASE

COMMITTEE: _____ Account #: _____

VENDOR NAME: _____

VENDOR ADDRESS: _____ Phone: _____

_____ Fax: _____

_____

QTY	CATALOG #	DESCRIPTION	COST/ITEM	TOTAL
			TOTAL	

Reason for Request:

Date of Request: _____

Requested by: _____

Committee Leader (by signing you agree that a purchase order can be generated and there are funds available in your budget to make this purchase:)

_____