



Purchase Order Request Form

Requester Information

Date: _____

Item(s) Requested: _____

Amount: \$ _____ Ministry: _____

Requested By: _____

** Please allow up to 30 days for approval of any request over \$50*

Approval Information

Approved _____ Denied _____

Approved Amount: \$ _____ Date Approved: _____

Authorized By: _____

Payment Information *(for office use only)*

Date Paid: _____ Check # _____

Authorized Signature: _____

**Please attach all receipts/invoices*