



St. John Baptist Church
5445 Greenwood Drive – Corpus Christi, TX 78417

PURCHASE ORDER

(No funds will be obligated prior to the respective Director (or designee) and Treasurer's approval)

Ministry _____ Account Number _____

Payable To: _____ Is this a Project Officer? Yes No

Address: _____ Phone Number _____

Date Submitted: _____ Date Needed _____

I will pick up the check when it is ready
 Please mail the check to the address shown.

QTY	DESCRIPTION	UNIT COST	TOTAL COST

Tax Exempt information is to be provided by Bookkeeper.
 Check here if special tax exempt information (i.e., exempt card) will be needed.

SHIPPING AND HANDLING	
TOTAL AMOUNT	

COORDINATION (Must be completed prior to turn-in)		
	SIGNATURE	DATE
REQUESTOR		
DIRECTOR OF MINISTRY		
SENIOR PASTOR (If over \$1,000)		

TO BE COMPLETED BY CHURCH ADMINISTRATION STAFF

Are there designated funds for this ministry? ___ Yes ___ No If yes, Amount Designated \$ _____
 Are funds requested budgeted and available? ___ Yes ___ No If no, explain _____

Date PO Received:	Date PO Processed:	Debit or Credit Card Confirmation#	Check Number:
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TO BE COMPLETED BY TREASURER (OR DESIGNEE)

Date Approved:	Date Rejected:	Signature:
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REMARKS/REASON FOR REJECTION:

