

Purchase Order Requisition

Ordered by

Date _____

Name _____

Committee/Staff/MAC _____

Account to be Charged _____

First Congregational
 United Church of
 Christ
 P.O. Box 438
 1405 State Hwy. 67
 Plymouth, WI 53073
 (920) 893-3411
 Fax (920) 893-5045

Amount: _____

Credit Card

Make Check Payable to: _____

Purpose: _____

(If applicable)

Vendor Information

Company _____ Phone Number _____

Contact Name _____ Fax Number _____

Quantity	Part Number	Description	Cost
			\$
			\$
			\$
			\$
			\$
			\$

Date Required _____

Approved by _____ Date _____

Rejected by _____ Date _____

Reason for Rejection _____
