

PURCHASE ORDER FORM

River of Life Christian Church
1177 Laurelwood Road
Santa Clara, CA 95054
Tel: (408) 260-0257
Fax: (408) 748-8877

Date: _____

P. O. # _____

Terms: _____

Ship Via: _____

Item No.	Quantity	Description	Unit Price	Total	Budget Unit Code	Budget Code

TOTAL

Vendor's Name

Contact Person:

Address:

Phone Number:

Finance Department Signature	Executive Board Signature	Budget Unit Authorized Signature	Requestor Name (Please Print)
Date	Date	Date	Date

Is this a discretionary spending? Yes No

What is the impact of delay spending?

Special Instruction:

Please acquire necessary budget unit authorized signature before submitting to the Finance Department.