Purchase Order / Check Request

ST. MARGARET of YORK
CATHOLIC CHURCH

9499 Columbia Rd.
Loveland, OH 45140

Date: _____

Vendor Information:

Name: _____

Address: _____

_____

Contact: _____

Phone: _____

Department Information:

1.) Select Department:

- ☐ Parish
- ☐ School

2.) Staff Member Requesting Order: _____

Order Information:

Purpose of Order: _____

Item #	Description	QTY.	Rate	Amount

Payment Request:

- ☐ Check
- ☐ Cash
- ☐ Credit Card
- ☐ On Account

Total: $ _____

Approved By:	**Account to Charge:**