



# St. Mary-Torun

## PURCHASE ORDER

Today's Date: \_\_\_\_\_

Submitted on behalf of: \_\_\_\_\_

For the purpose of: \_\_\_\_\_

Needing: \_\_\_\_\_

Requestor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Yes ☐ No -- I would like a copy of this form to be returned to me.

Vendor	Item	Cost (Estimated or Actual)

- ☐ Item will be purchased and receipt provided for reimbursement
- ☐ Vendor(s) will mail invoice to office
- ☐ Check will be needed to make purchase  
Requested check pickup date: \_\_\_\_\_
- ☐ Other (specify): \_\_\_\_\_

Office Use:

Purchase Order #: \_\_\_\_\_

Received:

Date: \_\_\_\_\_ By: \_\_\_\_\_

Approval:

Date: \_\_\_\_\_ By: \_\_\_\_\_

**A PURCHASE ORDER IS REQUIRED FOR A CHECK TO BE ISSUED.**

**PURCHASES OVER \$50 REQUIRE PRIOR APPROVAL**