

**Lewisburg United Methodist Church
Purchase Order Form**

Please Select One	Payable To		
Out of Pocket Expense (Fill Out Address for Reimbursement)	Address		
Church Credit Card Ending Last Four of Card : _____	City	State	Zip Code
Department name or Allocated Fund		P.O. Number	
Requested By			Date
Vendor			
Item	Est. Cost	Final Cost	
Totals			
Reason for Purchase:			

Staff Signature	Date
Director/Pastor Signature	Date
Board Approved	Date

Instructions for P.O.

1. Use one P.O. per purchase. **P.O. Number will be assigned by the Director of Finance.**
2. Purchase order should be filled out PRIOR to purchase.
3. Fill in Item, Vendor, Est. cost, and Reason for Purchase.
4. Obtain necessary approval.
 - * \$1.00 - \$500.00 - Director/Pastor
 - * Over \$500.00 - Board Approval
5. After purchase, fill in Final cost and method of payment (to be billed or credit card)
6. Return P.O. and receipts of purchase to Director of Finance for payment.

*****ALL PURCHASES MUST HAVE RECEIPTS*****