St. Thomas United Methodist Church

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PURCHASE ORDER FORM

Date Submitted _____ **Date Needed** _____

Requested by _____ **Approved by** _____

Group/Committee _____

Vendor (please provide as much information as possible, ie – phone #, web address, etc.) _____ _____

_____

Ship To (check one) _____ STUMC; _____ Will Pick Up; _____ Other (please provide name and full address below); _____ N/A

Quantity	Item #	Description	Unit Price	Total
			Subtotal	
			Tax	
			Shipping	
			Total	

Instructions – After filling out and getting approval either put in Samantha's box or e-mail to samantha.bouquet@stthomasumc.org. Order will be placed and you will be notified when it has come in.