

St. Paul Lutheran Church  
Purchase Order

Date \_\_\_\_\_

Ministry Team \_\_\_\_\_

Vendor \_\_\_\_\_

Ministry Group \_\_\_\_\_

Payable to: \_\_\_\_\_

Quantity	Item Description	Item No. (if applicable)	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

PAYMENT METHOD (Please indicate below)

Check

EFT # \_\_\_\_\_

Debit

Credit Card (Last 4 digits on card) \_\_\_\_\_

Sub-Total \$ \_\_\_\_\_

Freight/Taxes + \_\_\_\_\_

Total \$ \_\_\_\_\_

Staple Check Stub here.