



ST. RAPHAEL CATHOLIC CHURCH
PURCHASE ORDER REQUEST

Dept/Ministry to Charge: _____

Date Requested: _____

Priority: _____

Date Required: _____

Approved by: _____

PO Number (*Office use only*): _____

NOTE: Please allow 3 business days for processing

Requested by:

Name: _____ Phone: _____

Vendor Information

Name: _____ Phone: _____

Address: _____

Description	Price

Additional Information

Subtotal	
Tax rate	7.75%
Sales Tax	
Other	
Total	