

Purchase Order

Heart O' the Lakes United Brethren Church

Vendor Name _____ **Date Items Needed** _____
Address _____ **Requested By** _____
Phone _____ **Commission** _____
Date of Request _____ **Comm. Chairman Signature** _____
Date Approved _____

Quantity	Description	Unit Price	Account	Extended Price
Treasurers Approval: _____			Shipping	
_____			Total	