Fresh Start Community Church

Purchase Order

Date Requested: _____

Date Needed: _____

Payment To: _____

Quantity	Description	Unit Price	Total
		Shipping	
		Sales Tax	
		Total Due	

Payment Method:

_____ Billed to Church
_____ Cash
_____ Check
_____ Debit Card

Requested By: _____

Approved By: _____ (Ministry Team Leader)

Office Use Only:

Authorized By: _____ Date Paid: _____

Payment Method: _____ General / Designated