

House of the Lord Fellowship PURCHASE ORDER REQUEST FORM

	Date:
	Requester Name:
SUPPLIER NAME(S) (if known)	Ministry Department:

****Please allow 2 to 3 weeks for order processing and delivery.**

ORDER REQUESTS

Item	Part No./Color	Quantity	Reason Need or Usage For	Item Description	Price	Total
Extra Comments:						

FOR OFFICE USE ONLY:	
Church Ministry Department	
Method of Shipment	
Ship to & Attention of	
Order Date & Method	
Delivery Date	
Account Number	
Order Number:	

SUPPLIER NAME	SUPPLIER INFO (Phone/Email/Address/Website)

Comments:	
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REQUESTED BY:	_____
APPROVED DATE: Y / N	_____
OFFICE APPROVED BY:	_____