



## LA PLATA UNITED METHODIST CHURCH REQUEST TO PURCHASE

COMMITTEE: \_\_\_\_\_

Account #: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

VENDOR ADDRESS: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

QTY	CATALOG #	DESCRIPTION	COST/ITEM	TOTAL
			<b>TOTAL</b>	

**Reason for Request:**

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Date of Request: \_\_\_\_\_

Requested by: \_\_\_\_\_

Committee Leader (by signing you agree that a purchase order can be generated and there are funds available in your budget to make this purchase:)

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