

*Staple receipts & supporting documents behind form
in this corner*

PURCHASE ORDER: revised Dec 12, 2005

CENTRAL BAPTIST CHURCH
P.O. BOX 316
704W 700N PORTER COUNTY
HOBART, IN 46342-0316
(219) 759-5200

Date _____

Vender: _____

Address: _____

Description of
Purchases or
Services: _____

DISBURSEMENT:
(must be filled out completely)

Check One: () Billing () Reimbursement () Cash Advance () Credit Card

Budget Area _____

Budget Number _____

Amount \$ _____

APPROVAL:
(obtain before submitting to Expense Treasurer)

Name of Person making purchase _____

Initials of Immediate Supervisor _____

Initials of Deacon Chairman _____

Initials of Trustee Chairman _____

For use by Expense Treasurer

Check Number _____

Date _____

Budget Number _____

Amount \$ _____