

# PURCHASE REQUEST

TRACKING # \_\_\_\_\_

*Solid Rock Faith Center*

6205 Enterprise Drive

Diamond Springs, CA 95619

(P) 530.642.2038 (F) 530.642.2049

SRFC  DSCS

VENDOR NAME, ADDRESS, PHONE, CONTACT PERSON

PAYMENT METHOD		DATE
On Account	Approx Date Payable :	
Check	Date Needed:	
Account Credit Card	Date to by used:	
Expense Report Item	Date Needed:	

TODAY'S DATE	DATE NEED APPROVAL BY	PREPARED BY	DEPARTMENT HEAD APPROVAL

DEPARTMENT	EVENT NAME	ITEM DESCRIPTION	QTY	TOTAL

Sub Total	
Tax	
Shipping/Handling	
<b>TOTAL</b>	

Estimate  Actual

REASON:


Order Complete	
Receipt/Bill of Landing	
Back Ordered Items	

ACCOUNTING USE ONLY	APPROVED BY	DATE	PO#	BUDGET