



PURCHASE REQUEST

ST. MARY OF THE PRESENTATION #610

Ministry / Committee:

Date of Request: / / 20

Date Required: / / 20

Requested By:

Name of Vendor:

Amount of Purchase: \$

Reason for Request:

Check One:

Order Attached

Email Attached

Committee Chair Signature:

Office Authorization Signature:

Second Authorization Signature:
(If requested amount exceeds \$500.00)

Date Processed: / / 20

Order / Confirmation Number: