

# Purchase Request – Order Placement

**St. Francis of Assisi Catholic Church**  
 850 Douthit Ferry Road  
 Cartersville, GA. 30120

Office: 770-382-4549  
 Fax: 770-382-4506

This form is to be used to obtain approval **before placing orders** for which the Church will be financially responsible. The Business Manager must sign this approval form prior to any orders being placed. **Please submit your request at least 2 weeks in advance for approval and order placement.** A copy of this Purchase request will be issued upon approval. **All orders will be placed by Business Manager.**

Date of Request: \_\_\_\_\_ Requested by: \_\_\_\_\_

Ministry/Department: \_\_\_\_\_ Account to be charged: \_\_\_\_\_

Needed by: \_\_\_\_\_ Event Name (if applicable): \_\_\_\_\_

Vendor: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Account Number: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note: Attach vendor's order form if applicable**

Quantity	Unit/Item No.	Description (size, type, color, model #, etc.)	Unit/Item Cost	Total Cost

Tax, if applicable \_\_\_\_\_

Shipping/handling \_\_\_\_\_

**TOTAL COST** \_\_\_\_\_

**Approved by:**

\_\_\_\_\_  
 Business Manager Date: \_\_\_\_\_

\_\_\_\_\_  
 Pastor Date: \_\_\_\_\_

<p><b>Budgeted?</b> ___yes ___no</p> <p><b>If not, what budget item will be reduced to compensate?</b> _____</p> <p>_____</p> <p>_____</p>
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**Request denied by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reason for denial:** \_\_\_\_\_

<b>Date order placed:</b>	<b>Purchase Order #:</b>	<b>Est. date of delivery:</b>
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