



# St. Paul Baptist Church Supply Order Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Request Received by: \_\_\_\_/\_\_\_\_/\_\_\_\_

**(Please Print)**

**Ministry Team Name:** \_\_\_\_\_

**Ministry Team Account Code:** \_\_\_\_\_ **Requestor's Name:** \_\_\_\_\_

**Home Phone:** (    ) \_\_\_\_\_ **Bus Phone:** (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Supplier:** **Office Depot** \_\_\_\_\_ **Other** \_\_\_\_\_

## Order Information

Page No.	Item No.	Qty	Description	Price Each	Total

**Church Administrator Approval** \_\_\_\_\_ **Finance (optional)** \_\_\_\_\_/\_\_\_\_\_

**Order Placed By:** \_\_\_\_\_ **Date Picked Up:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Received by: (Print)** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Expense Acct Name: #** \_\_\_\_\_ **Budgeted Item** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_