

**ARCHDIOCESE OF ATLANTA
PURCHASE ORDER REQUEST**

PO# _____

Dept. _____

Submitted By _____

**For Purchases over \$250
and ALL Eucharistic Congress Purchases**

Agency _____

Date _____

Program _____

Budget Line Item _____

Vendor: _____

Ship To: _____

QUANTITY	DESCRIPTION	UNIT PRICE	EXT. PRICE
		<i>TOTAL</i>	

SPECIAL INSTRUCTIONS AND EXPLANATION OF PURCHASE

ACCOUNT DISTRIBUTION

Number	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Expense Budgeted? Yes No*

Bids Received? Yes No* N/A

*Written explanation required when answered "NO".

Approved By _____
Dept. Head/Program Director

Reviewed By _____
Finance Office

Approved By _____
Corporate Director

Approved By _____
Secretary
(Required for purchases over 1000)