

Seton Catholic School Purchase Order

Person Requesting/Ordering: _____ **Date:** _____
(if request is for a teacher, list teacher's name and check the appropriate box below)

Class Tradition
 Class Field Trip
 Faculty Wish List

Vendor: _____

Ministry: _____
(e.g. Faith Formation, Youth Ministry, Social Ministry, Pastoral Care, School K-6, E, Extended Day)

Purpose: _____

Building: _____
(e.g. Church, School, Rectory, Convent, etc.)

Project: _____

Supplies For: _____
(e.g. Office, Facility/Maintenance, Kitchen, Classroom, Retreat/Meeting, etc.)

Approved By: _____

Date: _____

Payment Method:

A/P Check:

Credit Card:

Cash:

For Office Use:

Quantity	Item	Cost	Totals
		<u>GRAND TOTAL</u>	