ST STEPHEN CHURCH PURCHASE ORDER FORM

		DATE:		
	Vendor Name:			
	Vendor Address:			
	Vendor Phone/Fax Fax			•
	Requestor Name:			
	Ship To:	St Stephen Church ·		
Shipping Address:		1508 W. Kentucky Street, Louisville, KY 40210 2701 Veterans Parkway, Jeffersonville, IN 47130		•
Purpose of Requisition:				
Department/Ministry:				•
Billing Address:		St Stephen Church, 1018 S. 15th Street, Louisville, KY	l0210	
Quantity	Stock Number	Description of Item	Unit Price	Total
			Subtotal:	
			Charges:	
			Total:	
	•	. Date:		
	Approval By:	Date:		- -

PO母: __

(For additional space attached second sheet)