

## Form #8

ST. MARK THE EVANGELIST CATHOLIC CHURCH AND SCHOOL

# PURCHASE ORDER

\_\_\_ St. Mark the Evangelist Catholic Church

PO # \_\_\_\_\_

Ministry: \_\_\_\_\_

Date \_\_\_\_\_

Account: \_\_\_\_\_

\_\_\_ St. Mark the Evangelist Catholic School

VENDOR:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Description:

Amount:

Approval:

\_\_\_\_\_  
Ministry Chair

\_\_\_\_\_  
Business Manager/Director of Operations