Saint Theresa Catholic School
Purchase Order and Disbursement Request Form

Date Request Created	

Payee Name	
Address **City, State, Zip**	

Requester's Name	

Requester's Signature	

Items, Purpose, Price per Unit	**Total Unit Amount**
Grand Total	

Special Instructions

NOTE: PLEASE ATTACH SUPPORTING DOCUMENTS

Additional information

Office Only

Finance Signature _____ Account _____

Date Signed _____ Department _____

Supervisor Signature _____

Date Signed _____