



Purchase Order

Date: _____
P.O. #: _____

Vendor Name: _____
 Address: _____
 City, ST Zip: _____
 Phone: _____

Buyer Name: _____
 Calvary Christian Center
 3900 Epperly
 Del City, OK. 73115
 (405)-670-4900

Department

Qty	Description & Why Needed	Unit Price	Total

Payment Details

Check#:

Credit Card:

Cash:

Subtotal	
Shipping & Handling	
Total	

Authorized by Date

