

St Olaf Lutheran Church

Purchase Tracking Form

DIRECT PURCHASES

Purchased By: _____
(Please include receipt(s) with item(s) circled)

FOR ORDERS ONLY

Ordered By: _____ Date: _____

From (company/store name): _____

Delivery Date (approx.) _____ Total Amount Including Shipping: _____

ACCOUNT INFORMATION

Committee: _____

Expense Category: _____

PAYMENT INFORMATION

Please Pay

___ The attached invoice

___ Reimburse the individual named above

___ Credit individual's giving statement (Envelope # _____)

___ Forthcoming invoice

Special Payment Instructions: _____

AUTHORIZED SIGNATURE

(Committee Chair)

Date

FOR OFFICE USE ONLY

Date Received _____

Date Paid _____

Check # _____

Amount _____