Purchase Order / Reimbursement Form

Grace Lutheran Church

Hilyard Street between 17th and 18th Avenues
Office: 710 East 17th Ave, Eugene, Oregon 97401

Phone (541) 342-4844

Purchase Order Number _____
(*PO number must appear on all **packages**, **receipts** and **invoices***)

Date_____

(Check one)

☐ Charged on Account

☐ Make Check

Ship to: Grace Lutheran Church
710 East 17th Ave.
Eugene, OR 97401

To: _____ Address:_____

City:_____ State: _____ Zip: _____

Quantity	Description	Amount

Ordered By:_____ For Board of: _____

Budget Category: _____

Authorized by: _____