

GILEAD CONGREGATIONAL CHURCH
Purchase Order

INVOICE NUMBER: _____ INVOICE DATE: _____

GROSS INVOICE AMOUNT: _____

DISCOUNT AMOUNT: _____

NET INVOICE AMOUNT:

CHURCH ACCOUNT NUMBER:	AMOUNT:	INVOICE NUMBER:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL:		<input style="width: 100px; height: 20px;" type="text"/>

DESCRIPTION OF SERVICES:

SEND CHECK TO:

APPROVED BY: _____

DATE: _____

COMMITTEE: _____