

Queen of Apostles School PTO Purchase Requisition Form

Date: _____ Requester/Preparer: _____

Department/Organization/Fund: _____

Vendor Name: _____

Description: _____

Cost: \$ _____ - _____ Event Date: _____ Date Check Needed: _____

_____ **Check here if this will be invoiced to us by the vendor.**

_____ **Check here if you would like to have this check returned to you.**

_____ **Check here if you would like the check to be mailed.**

_____ **Return approved form to the preparer (to place order).**

_____ *Check here when order has been placed.*

If the information in this box is on an attached invoice, you **do not** need to transfer it to this box, just check here: _____

Check Paid to: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Memo Line of Check: _____
(acct. #, reference #, invoice #, reimbursement, etc.)

APPROVED BY _____ **DATE** _____
Meaghan Duffy, PTO Treasurer

APPROVED BY _____ **DATE** _____
Dr. Kristie Meyers, Principal

APPROVED BY _____ **DATE** _____
Fr. Alexander Diaz, Pastor