PURCHASE ORDER / CHECK REQUEST
Dahlonega Baptist Church

DATE: _____ **Requested By**:_____

Vendor/Payee: _____ **Date Check Needed:** _____

Address: _____ **Circle One:**

_____ Mail Check

City, State, Zip: _____ or

Return Check to _____

***Tax ID#** _____

Please attach W-9 to request form. *(all contract payees are required to complete a Form W-9 **prior** to receiving payment for services rendered.)

Circle: This is a regular Budgeted Expense: YES NO

Item Description	Budget Acct#	Price	QTY	Total

Comments/Special Instructions:

_____

_____

_____

_____

_____

Approved: _____