All requests for payment directly to a vendor must include original invoice and appropriate staff authorization. For payment directly to an individual for reimbursement, you need to complete the St. Catherine of Siena Reimbursement Form instead of this form with appropriate parish staff authorization signature and original receipts.

**ST. CATHERINE OF SIENA PARISH**
1125 Ferry Street
Martinez, CA 94553
925-228-2230
stcathmtz@yahoo.com

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<th>DATE:</th>
<th>PURCHASE ORDER #:</th>
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**VENDOR NAME:** ____________________________
**COMPANY NAME:** __________________________
**ADDRESS:** _______________________________
**CITY, STATE, ZIP:** ________________________
**PHONE:** ________________________________

**SHIP TO:** (Your Name) ______________________
**COMPANY NAME:** __________________________
**ADDRESS:** 1125 FERRY STREET
**CITY, STATE, ZIP:** MARTINEZ, CA 94553

**Purpose of purchase/Ministry:** ____________________________
__________________________________________________________________________
**Item Description Details** | **Stock #** | **Quantity** | **Unit Price** | **Total** |
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**SHIPPING CHARGES**
**OTHER CHARGES**
**TOTAL CHARGES**

**REQUESTED BY:** (signature)  
**DATE:** 

**APPROVED BY:** (signature)  
**DATE:** 

**PROCESSED BY:** (signature of Office Staff here)  
**DATE:**

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*SCS PURCHASE ORDER FORM*  
scspof052018