Journey Church Assembly of God Eva, Alabama

P.O. #:

Your Name: Date:

THE ITEMS MAY BE PURCHASED AT:

Name: _____

Address: _____

Phone: _____

Sales Rep: _____

QTY	DESCRIPTION	UNIT PRICE	TOTAL

THE ABOVE ITEMS WILL BE USED FOR:

_____

_____

_____

Sub Total:	
Shipping:	
Taxes:	
Total	

Payment Method:
__ Check
__ Cash
__ Account
__ Credit Card
__ Reimburse

Budget Category: _____

Final Purchaser: _____

Date Ordered _____

Account No.: _____

CHECK PAYABLE TO:

APPROVAL:

Senior Pastor: Date:

Assoc. Pastor: Date:

Office Administration: Date: