



P.O. REQUEST FORM

*Finance Team Only

- ☐ Reminb.
- ☐ Ck
- ☐ ACH
- ☐ Cr Cd

Vendor Info or Payee:

Quantity	Description	Price Per Unit	Total
Project Total:			

Requested by: Date:	Home Group:
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Budgeted Expenditures - required to be within LFC approved budget
<ul style="list-style-type: none">LFC Local Engagement Team - up to \$500 Name: _____ Date: _____