



# P.O. REQUEST FORM

Vendor Info or Payee:

\*Finance Team Only

- Reminb.
- Ck
- ACH
- Cr Cd

Requested by: \_\_\_\_\_  
Home Group: \_\_\_\_\_  
Date: \_\_\_\_\_

Budgeted Expenditures - required to be within LFC approved budget

- LFC Local Engagement Team - up to \$500  
Name: \_\_\_\_\_ Date: \_\_\_\_\_