REQUISITION FOR PURCHASE

1. FUND _____ DEPT. _____ LINE ITEM _____
2. FUND _____ DEPT. _____ LINE ITEM _____
3. FUND _____ DEPT. _____ LINE ITEM _____

DATE _____

VENDOR # _____

GSA/CONTRACT NUMBER: _____

VENDOR RECOMMENDED

(Must Include Full Address)

_____

_____

_____

BUDGET BALANCE: _____

AUDITED BY: _____

QTY	ITEM #	DESCRIPTION	UNIT COST	TOTAL
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00
		SUB-TOTAL		$ 0.00
Services Only (Does not apply to the purchase of tangible goods)		**SALES TAX**		
(Required) Enter 0 if not applicable.		**SHIPPING/HANDLING**		
GRAND TOTAL				$ 0.00

JUSTIFICATION FOR PURCHASE: _____

_____

_____

_____

		VENDOR #2		VENDOR #3	
QUANTITY	DESCRIPTION	UNIT COST	TOTAL	UNIT COST	TOTAL
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
			$ 0.00		$ 0.00
	SUB-TOTAL	$ 0.00	$ 0.00	$ 0.00	$ 0.00
Services Only (Enter tax rate)	**SALES TAX**				
(Required) Enter 0 if not applicable.	**SHIPPING/HANDLING**				
GRAND TOTAL			$ 0.00		$ 0.00

_____

AUTHORIZED SIGNATURE DATE

PURCHASE ORDER # _____

_____

PURCHASING SIGNATURE DATE

REQUISTION # _____

_____

FINANCE DIRECTOR APPROVAL DATE