



## REQUISITION FOR PURCHASE ORDER WITH COST QUOTES

VENDOR		DELIVERY SITE	
Vendor Name		Facility	
Attention		Address	
Address		Community	
Town/State/Zip		Town/State/Zip	
Telephone Number		Attention	
Tax ID Number		Telephone Number	

QUANTITY	ITEM(S)	DESCRIPTION	MAKE/MODEL CATALOG #	COST EACH	TOTAL COST
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				Sub-Total	\$
				Tax	\$
				Shipping	\$
				Total	\$

*Other Cost Quotes (telephone or catalog\*)*

Vendor	ITEM	COST @	SOURCE *
		\$	
		\$	
		\$	

SUBMITTED BY:	APPROVED BY:
Program:	Program Director/Date:
Project:	Executive Director/Date:
Staff Person:	Fiscal Officer/Bookkeeper/Date:
Date:	Property Officer/Date: