

Date

Requisition for Purchase Order

VENDOR					DELIVERY SITE				
Firm				Facility					
Attention				Address					
Address				Community					
Town/State/Zip				Town/State/Zi	ip				
Telephone Nui	mber	per		Attention					
Tax ID Numbe	r			Telephone					
Quantity		Items (s)	(s) Descri			/Model/ g Number	Cost Each	Total Cost	
							SUB-TOTAL		
Notes							TAX 7%		
110103							SHIPPING		
						TOTAL			
	If Applicable – Cost Quotes (Bid Folder) Enclosed (Copy To Be Attached To Purchase Order)								
	If Applicable – Selected Vendor Cost Quote Attached								
SUBMITTED BY					APPROVED BY				
Program				Program	Director/Date				
Project				Finance	Director/Bookkee	eper/Date			
Staff Person	Staff Person			Executive	e Director/Date				

Property Officer/Date