



PURCHASE REQUISITION

DATE	CONFIRMING	DEPARTMENT	VENDOR NAME & ADDRESS	
			(Please include any information you have on new vendors)	
FUNCTIONAL UNIT	ACCOUNT NUMBER	DELIVERY ADDRESS (if different from above)		
QUANTITY	DESCRIPTION		UNIT COST	TOTAL
GRAND TOTAL				

COMMENT: PLEASE INDICATE ANY ADDITIONAL INFORMATION PURCHASING WILL NEED, SATISFACTION WITH VENDOR, FEATURES DESIRED, SPECIAL INSTRUCTIONS, ETC.

I hereby certify that the above-specified items are necessary for the use of this department and are to be used solely for the benefit of the County and that there are sufficient unencumbered funds appropriated and unexpended to pay the estimated amount of this requisition.

_____ Requisitioner's Signature

FOR PURCHASING USE ONLY

BUYER APPROVAL _____ DATE _____