PURCHASE ORDER REQUISITION

PURCHASE ORDER REQUISITION MUST BE COMPLETED PRIOR TO ANY SINGLE PURCHASE OVER $100.00.

Date of Requistion:_____

Vendor Name/Address/Phone

_____ Phone:_____

_____ Fax: _____

_____ Contact Person: _____

Fund and Expense Number: _____

Qty.	Stock Number	Description	Price Ea	Total
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____
____	_____	_____	_____	_____

PO TOTAL _____

*599 – Other MUST be explained as to what you are purchasing:

_____

_____

Fiscal Officer Office

Date Rec'd _____ Verified _____ P.O. # _____ Batch # _____
Requisition Returned for:_____
Vendor List _____ Tax Exempt Mailed_____ W-9 sent _____ / on file _____
Quote/Estimate Attached _____

Goldenrod = Fire Lt Green = Park Cherry = Cemetery Orchid = FO
Buff = Building Salmon = Zoning Lt Blue = Roads