Person Requesting Purchase			•	PURCHASE REQUEST FORM						
Name:				Vendor Name:						
Date:					Vendor Address:					
Phone:										
Notes:					City		St	Zip		
					Vendor Web Address	s:				
					Phone:		Fax:			
Qty	Unit	Jnit Item #		Description				Unit Price Line Total		
									\$	-
									\$	-
									\$	-
									¢	
									\$	-
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									Ψ	
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									¢	
Purcho	L ase Justifia	Lation:						Subtotal	\$	-
1 010110	250 50511110							Shipping	Ψ	
								Sales Tax		
								Total	\$	_
For Office	Hee Only								Т	
For Office Use Only: Account Code:				Amount:		Da	te Order Placed:			
Account Code:				Amount:			aced/Picked up By:			
Account Code:				Amount:		Notes:				
	od of Purchase:			PO#:						
Revolving Fund Check #:				AP:		Purchase	e Request Approv	red		
Reimbursement:		,				Purchase Request Denied				
Comp Tax:		YES: NO:				Sianature:				