



Purchase Request Form

P.O. Number

Fax

Email

Phone

Return

Vendor

Contact Name

Street Address

Street Address 2

City

State

Zip Code

Phone Number

Fax Number

Order Information

Price

Work Order #

Capital

Contract

Request for Building

Certificate
Insurance

Alternative 1
Price/Vendor

Alternative 2
Price/Vendor

" #

Item/Service
Description
(provide clear
detail for
Purchase Order
description)

Requestor

Date

Director Approval

Date

Attach Quotes

Purchase Order required for all vendor services and for any item, regardless of price, shipped to the Physical Plant. All purchases over \$3,000 require 3 quotes.