

VENDOR INFORMATION

Company/Name:	
Contact:	
Phone:	
Email:	
Street:	
City, State, Zip:	

REQUESTOR INFORMATION

Requestor:	
County/Unit/REC:	
Phone:	
Email:	
Street:	
City, State, Zip:	

Date Range of Event/Work or Date Items needed by: _____ Agreement/PO#: _____

Paying Supplier by card? Yes No Type: Pcard T&E ****Note Capital Assets & Covered Services cannot be paid by card****

Business Purpose:

Line	Quantity	UOM	Description	Unit Price	Total	
A						
B						
C						
D						
E						
F						
Comments:					Sales Tax	
					Shipping	
					TOTAL	

Chart String

GL/PPM	Entity	Fund	Financial Dept.	Purpose	Program	Project	Activity	Task	Percentage	Amount

APPROVALS

_____ (Required for SWPR/REC)
County/Unit/REC Director signature *Fiscal Officer signature*

_____ (Required for \$100,000+ or sensitive purchases as appropriate, please consult with your AVP)
PI signature *AVP signature*