

**VENDOR INFORMATION**

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

**REQUESTOR INFORMATION**

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

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:

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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
									0.00%	\$ 0.00

**APPROVALS**

Director/Supervisor signature

Fiscal Officer signature (Required for SWPR/REC)

AVP Finance and Capital Planning signature  
(Required for all purchases \$100,000+)

PI signature (if using award/grant funds)

Chief Procurement Officer signature  
(Required for sole source purchases \$100,000+)