

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
									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+)