

- 1) FUND _____
- 2) REQUESTED BY _____
- 3) APPROVED _____
- 4) DATE _____

- Purchase Order is Acceptable _____
- Purchase Order to Requestor _____
- Vendor Requires Check _____
- Check to Requestor _____
- Check can be mailed _____

5) SUGGESTED SOURCE-FIRM NAME & ADDRESS

Attention: _____
 Phone _____
 Fax _____

ITEM NUMBER	ITEM DESCRIPTION	QUANTITY	UNITY PRICE	TOTAL AMOUNT
<input type="checkbox"/> Sole Source <input type="checkbox"/> Emergency <input type="checkbox"/> Less than \$500				SUB TOTAL
SHIPPING/HANDLING				TOTAL DUE

OTHER QUOTES OBTAINED (REQUIRED UNLESS ORDER IS SOLE SOURCE, EMERGENCY OR LESS THAN \$500)

1. Vendor _____ Contact _____ Phone # _____ Fax _____				2. Vendor _____ Contact _____ Phone # _____ Fax _____				3. Vendor _____ Contact _____ Phone # _____ Fax _____			
Item #	Quantity	Unit Price	Amount	Item #	Quantity	Unit Price	Amount	Item #	Quantity	Unit Price	Amount

UNENCUMBERED BUDGET BALANCE AVAILABLE: YES _____ NO _____
 CASH AVAILABLE YES _____ NO _____

APPROVED _____ DISAPPROVED _____

BUSINESS MANAGER SIGNATURE _____