

PURCHASE ORDER REQUISITION

(For purchases over \$2,000)

Today's Date: _____

Date needed: _____

Check One:

STANDARD

BLANKET

CONFIRMING (for emergencies)

From: _____ to: _____

Requesting Department:

Suggested Vendor:

Ship to: (if different from above)

Is this reimbursable by: Grant Other

If so, please complete the "City Invoice Request Form" found on our website under "Treasurer forms."

Quantity	Weight/ Measure	Item Number & Description	Unit Price	Total Price

Account and line item#: _____

Quotations Received:

Vendor	Contact	Phone	Service Date	Price
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

(Attach any additional information stating items, source, quantity, price discounts, shipping, delivery time and contact information).

If less than three quotes were obtained, or if this is a confirming service order, please explain:

Department Head or Designee