

PURCHASE REQUISITION/AUTHORIZATION

ITEM(s)	COST
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
PURPOSE:	

Vendor _____ Phone # _____

Address _____

REQUESTED BY:

Signed _____ Date _____

APPROVED BY:

Signed _____ Date: _____

Charge to:

- _____ All Services All Programs
- _____ CBS
- _____ BSK
- _____ State Ed
- _____ Adult /DW
- _____ Fed Youth
- _____ Other (specify) _____

Attach required documentation: ie:

- Receipts
- Meeting agendas
- Names of participants receiving items
- etc.
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Turn in to accounting within one day of purchase.

COMMENTS: