

**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: 

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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

**APPROVALS**

\_\_\_\_\_ (Required for SWPR/REC)  
*County/Unit/REC Director signature*      *Fiscal Officer signature*

\_\_\_\_\_ (Required for \$100,000+ or sensitive purchases as appropriate, please consult with your AVP)  
*PI signature*      *AVP signature*