

PURCHASE REQUISITION OR PRE-APPROVAL FORM

CITY/TOWN OF _____

REQUESTING DEPARTMENT: _____

REQUESTING INDIVIDUAL: _____

DATE OF REQUEST: _____

DESCRIPTION OF PURCHASE REQUEST: _____

ESTIMATED TOTAL COST: \$ _____

REQUESTED SOURCE OF FUNDING: _____

COMPETITIVE BIDS REQUIRED? YES _____ NO _____

IF NOT BID, REQUESTED VENDOR: _____

REQUIRED APPROVALS:

◆ DEPARTMENT HEAD / SUPERVISOR: _____

(For all purchases over \$ _____)

◆ MANAGER / ADMINISTRATOR: _____

(For all purchases over \$ _____)

◆ GOVERNING BODY: _____ Date of Minutes: _____

(For all purchases over \$ _____)

DATE OF FINAL APPROVAL: _____

PURCHASE ORDER # ASSIGNED: _____