PURCHASE REQUISITION/PURCHASE ORDER

CITY OF CRYSTAL CITY

For Supplies, Materials and Equipment (Not in Warehouse Stock)

Account Number: _____ Department: _____

Date Requested: _____ Date Needed: _____

VENDOR SELECTED (Mark 'X')	
Vendor # 1 (Bid 1)	
Vendor # 2 (Bid 2)	
Vendor # 3 (Bid 3)	

	BID # 1	BID #2	BID # 3
Vendor Name			
Address			
City, State, Zip			
Contact Name			
Phone Number			
Comments			

Item	Description	Qty	Unit Price	Total Cost	Unit Price	Total Cost	Unit Price	Total Cost
Totals								

SPECIAL CONDITIONS/COMMENTS	FUND	DEPT	GL ACCT	GL DESCRIPTION	AMOUNT
				TOTAL CHECK REQUEST	

Requested By: _____ Date: _____

Department Approval: _____ Date: _____

Director of Finance: _____ Date: _____

FINANCE DEPARTMENT USE ONLY

Processed By: _____ PO No: _____

Session ID: _____ Date: _____