Request For Purchase

This is an SDLC INTERNAL document only !

SUGGESTED VENDOR:

New Vendor { } Pre-established Vendor { }

Vendor: _____ Phone: _____

Contact: _____ Fax: _____

Other Address: _____

BILLABLE **Yes { }** **No { }** **Customer to be billed:** **Project:**

REQUISITIONER	DEPT	SHIP METHOD	TERMS	Today's Date	DATE NEEDED

QTY	PRODUCT NUMBER	DESCRIPTION	APPROX. PRICE	EXTENDED PRICE
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

Management Approval	
Dept Manager/ Director Signature	**Date**
Accounting Manager- For budget tracking	**Date**

SUBTOTAL	$ -
SALES TAX (5 %)	$ -
SHIPPING & HANDLING	$ -
OTHER	$ -
TOTAL	$ -

In Budget: Not in Budget:

VP	**Date**
COO/ CTO (as appropriate)	**Date**
CFO	**Date**
CEO	**Date**

BUSINESS PURPOSE:

ACCOUNTING USE ONLY:

DEPT	G/L ACCOUNT	G/L ACCOUNT NOTES	RFP #