



DEPARTMENT OF CORRECTIONS  
**REQUEST FOR PURCHASE**

SHIP TO: \_\_\_\_\_

REQUEST NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AGENCY NO.

2	9	1	0	2	3
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DATE REQUESTED	DELIVERY REQUIRED	<input type="checkbox"/> SUPPLIES & SERVICES <input type="checkbox"/> CAPITAL OUTLAY <input type="checkbox"/> CAPITAL IMPROVEMENT <input type="checkbox"/> CAPITAL CONSTRUCTION <input type="checkbox"/> TRUST	COST CENTER #	OBJECT CODE	SUBJECT CODE
VENDOR:   CONTACT PERSON: DATE CONTACTED: PHONE: (    )			PRICE AGREEMENT NUMBER	TERMS OF PAYMENT	
PURPOSE (MUST BE COMPLETED):					

Line #	ITEM / PART NUMBER	DESCRIPTION	QTY	UOM	UNIT PRICE	TOTAL
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
<b>TOTAL</b>						

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISTRIBUTION: ORIGINAL TO PURCHASING  
 RETAIN COPY FOR YOUR RECORDS