COUNTY OF BLAND

REQUISTITION FOR PURCHASE

Requisition Number

To: County Administrator
DATE RECEIVED BY
County Administrator

Date
Date Needed
Job Name/Number

Item No.	Quantity Needed	Unit	Description	Code Dept.	Code Line	Remarks

County Administrator Use Only

[ ] Not authorized at this time. Resubmit _____ (Date)
[ ] Approved for Departmenatl Purchase Order.
[ ] Requisition filled from stock.
[ ] Requests for Proposals (RFPs) sent out _____ (Date)
[ ] Responses to RFPs to be returned. . . . . _____ (Date)
[ ] Purchase Order Number _____
[ ] P.O. Mailed . . . . . _____ (Date)

SIGNATURE _____
County Administrator or
Authorized Representative

Department Information

Suggested Vendors	Suggested Vendors
	Ship to Address:

I hereby certify that items specified above are necessary for the use of this department and are included in the current budget.

SIGNATURE _____
DEPARTMENT _____