



PURCHASE REQUISITION FORM
General
(Only for requested amounts greater than \$10.00)

Requested By: _____ Request Date: _____

Program/Location: _____

Check Should be Made Payable To: _____

Approvals: _____
Supervisor Date

_____ Date Program Director _____ Date

IMPORTANT: All receipts and change must be attached to this form and submitted to the Accounting Department by: _____.

Check # _____ Dated _____

Item(s) To Be Purchased [check each item that is needed]	If you checked 'Other', then list what needs to be purchased and why	Requested Amount
Gas		
Groceries		
Other:		
Grand Total		

FOR ACCOUNTING USE ONLY:

Do receipts or invoices match what was requested? Yes No

Total Spent Per Receipts: _____

Total Change Returned: + _____ Reviewed By: _____

Total Accounted For: = _____

Requested Amount: - _____ Review Date: _____

Unaccounted for Amounts: = _____

Director of Finance Approvals:

Request Approved Yes No _____

Review Approved Yes No _____