

Military Department State Requisition

DATE:

NO:

FROM:

SHIP TO:

REQUISITION FOR:

PHONE NUMBER:

Requested By: (Name/Location)		Charge To:	Purpose:	
ITEM	QUANTITY	DESCRIPTION	PRICE	AMOUNT

<p style="text-align: center;">SUGGESTED VENDOR</p> <p>NAME:</p> <p>ADDRESS:</p> <p>PHONE:</p> <p>SERIAL ID#</p>	<p style="text-align: center;">PROGRAM MANAGER APPROVAL</p> <p>NAME:</p> <p>TITLE:</p> <p>SIGNATURE</p>	<p style="text-align: center;">PURCHASING APPROVAL</p> <p>DATE:</p> <p>NAME:</p> <p>TITLE:</p> <p>SIGNATURE:</p>
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EACH REQUISITION MUST REFLECT THE FOLLOWING: 1. Date 2. Request Form 3. Ship To 4. Requisition For 5. Requested by 6. Purpose 7. Item 8. Quantity 9. Complete description with model number(s) and item number(s) 10. Unit Price 11. Total Amount 12. The original and three copies forwarded to Contracting and Procurement Office