

POKAGON BAND OF POTAWATOMI INDIANS

PURCHASE REQUISITION

Please fill in as completely as you can and forward to the Purchasing Department

Date: _____ Requested by: _____ Department: _____

Deliver to: _____

Reason for Purchase: _____ Vendor: _____

Vendor Contact: _____ Phone: _____ Fax: _____

<u>Quantity</u>	<u>Account Code</u>	<u>Description of Item</u>	<u>Date Needed</u>	<u>Unit Price</u>

Department Director: _____
(Signature Required)

Date Signed: _____

***** FOR PURCHASING ONLY *****

Buyer: _____ Telephone Ext.: _____

Date Received by Purchasing: _____ Purchasing Approval: _____

Purchase Order Number: _____ Date PO Sent to Vendor: _____