**For orders totaling over $800.**

# PURCHASE REQUISITION

REQ.FRM

Provision of Suggested Vendor and Price Data, and Attachment of a Bid/Quote Tabulation Form are Optional

| NAME, ADDRESS, PHONE & FAX OF SUGGESTED VENDOR | Use the REQ number below when making inquiries to the Purchasing Office: V: (540) 955-5185 or (540) 955-5148<br>F: (540) 955-0456 |
|---|---|
| | **REQ NUMBER:** |
| | REQ Date: |

| ITEM NO. | STOCK NUMBER / DESCRIPTION | QTY | UNIT | UNIT PRICE | TOTAL PRICE | OFFICE USE |
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| | | | | TOTAL: | | |

**APPROVE:** The goods and/or services above are budgeted, appropriated, and necessary.

_____ _____

ACCOUNT MANAGER DATE

_____ _____

EXECUTIVE DATE

**DELIVER & CHARGE:**

| Name & Location for Interoffice Delivery: | FD | PRJ | CC | PGM | FUNC | OBJ | AMOUNT |
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| AP Checks: | | | | | | | |
| Audit Checks: | | | | | | TOTAL: | |