

The Agriculture Program Departmental Purchase Request

Date Order Placed
With the Vendor: _____

DOC No.: _____

Requested By: _____

Account: _____

Phone No.: _____

Dept Approved: _____

Additional Accounts/Support Accts: (Indicate part 06/07/02 and amount or percentage of purchase) _____

	Description	Quantity	Unit	Estimated Unit Price	Extension
1					
2					
3					
4					
5	Shipping & Handling (Estimated Amount <input type="checkbox"/>)				
Totals					

Form: Phone Quote (per _____); Official Quote; Catalog Order; Other: _____
Suggested Source (Include Phone & Fax Numbers)

Company: _____

Contact: _____

Address: _____

Phone: _____

Fax: _____

Information required on Purchase Orders (per the State Comptroller's Office 11/2003):

Vendor name

Date the order is placed with the vendor

Detailed description of items/services ordered

Include quantity of each item

Include unit price of each item

State whether freight or other charges are to be paid, and the actual amount (if the actual amount is not known, state the estimated amount)