Purchase Requisition

Carroll County Board of Commissioners

Date:_____

Fund:_____ **Department Number**:_____ **SPLOST** (If applicable)**:**_____

Point of Contact:_____ **Telephone Number:**_____

Department Head Approval: _____ **Date:** _____

Urgency of Need (check one)**:** A. (Emergency)_____ B. (Work Stoppage)_____ C. (Routine) _____

Required Delivery Date: _____

Ship to Address: _____ **Ship Via:** (check one) Pick-up _____
Delivery _____

_____

_____

Attn: _____

Suggested Source: _____ **Contact Name:**_____

_____ **Contact Number:**_____

Fax Number:_____

_____ **Website:**_____

Item	Qty	Description		Unit Price	Extended Price	Account Number
		Part Number	Description			
1						
2						
3						
4						
5						
6						
7						
8						

For Purchasing Department Only:

Purchase Order Number: _____ Date: _____

Remarks: _____

_____

_____