## Department of Mental Health & Addiction Services PURCHASE REQUISITION

			Su	ggested Vei	ndor					
Name:	Sale						s Repres.:			
Address:						ne Number:				
City:	Fax					Number:				
State, ZIP:						N/SSN:				
ITEM #	DESCRIPTION				QUANT. UNIT U/PRICE \$\$ AMOUNT					
Justification for Purchase (as require						otal =========>				
		Justifica		chase (as req	luii cu	i by th	e Facility	)		
						Date Required:				
Requester Name: Requester Pho						ne#: ( ) Date:				
Facility/Division/Department/Unit:						Requester Fax #:				
Ship to Address:						Ship Attn. Of:				
						Location Code:				
Supervisor/Unit Head Approval:						Fiscal Approval:				
Contract No.								BUD. REF.		
Project # OR Chartfield 1	FUND SID		ACCOUNT	DEPARTM	ENT	PROGRAM		(if other than current year)	TOTAL \$\$	