

Purchase Request

Date Requested		PO#	
Department		Requested By:	
Source or Supplier			

Item #	Qty	Part Number	Description	Unit Cost	Extended Cost	Date Needed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Brief description of product usage. (Where is this going to be used?)

Approval Signatures:

Purchasing Manager: _____ Date: _____
Signature required for purchases greater than \$200 and less than \$500

Quality Manager: _____ Date: _____
Signature required for purchases require Quality Specification

CEO, President, or Controller: _____ Date: _____
Signature required for purchases greater than \$500 and all Capital requisitions