



**SERVICES/SUPPLIES/
EQUIPMENT REQUISITION (Form 003)**

ADMINISTRATION USE ONLY	
Log No.	
Log Date	

Date Requested:	Date Required:	Requesting Unit:
Contact Person:	Contact Phone Number:	
Address:		Funding Source:
Delivery Address (including Zip Code):		

DESCRIPTION/EXPLANATION				
Purchase Item: ATTACH A COPY OF THE CATALOG PAGE, SOLE SOURCE, OR 3 QUOTES				
Vendor Name:				New Vendor
Description: (Include Make, Model, Number, etc.)	Quantity	Unit of Measure	Estimated Unit Cost	Estimated Total Cost
Subtotal				
Shipping				
Tax				
Page 2 Estimated Total				
Estimated Grand Total				

Justification: (Attach additional sheets as needed)
All purchases must be necessary, reasonable, allowable and allocable County business and/or WIOA Programs.

Direct Supervisor Signature: (Print & Sign)	Date:	Division Staff Analyst (Print & Sign):	Date:
Approved Not Approved		Items Budgeted Items Not Budgeted	
Business Services Manager/Fiscal Manager/ Deputy Director/Admin Supervisor II Signature: (Authorized up to \$5,000) (Print & Sign)	Date:	Budget Transfer: Yes No	Date:
Approved Not Approved		From Category:	
Director/Assistant Director Signature: (Print & Sign)	Date:	To Category:	
Approved Not Approved		Comments:	

FISCAL USE ONLY							
General Ledger	Cost Center	Amount	Fiscal Initials	General Ledger	Cost Center	Amount	Fiscal Initials
☐ Purchase Order ☐ Staples ☐ Printing Services ☐ Other: (Fiscal In-box) (003 Coordinator)							

Fiscal Manager/Supervisor Signature	Fiscal Manager/Supervisor Print Name	Date
-------------------------------------	--------------------------------------	------

