



CITY OF BRECKSVILLE
 9069 BRECKSVILLE ROAD
 BRECKSVILLE OH 44141

PHONE 440.526.2615
 FAX 440.526.8708

PURCHASE REQUISITION

Vendor Name _____

New Vendor? _____

See "Special Instructions" below

Date of Requisition _____

Date Item Needed _____

DESCRIPTION OF ITEMS	QUANTITY	UNIT PRICE	TOTAL	ACCOUNT TO CHARGE
		\$	\$	
FREIGHT CHARGES			\$	
REQUISITION TOTAL			\$	

SPECIAL INSTRUCTIONS:

Need mailing address, remittance address, phone, fax, rep name for new vendors.

Need a check mailed with the PO? _____ Need a check by a certain date? ____/____/____ Want the check returned to you? _____

Requested by _____

For _____

Dept. _____

Approval of Dept. Head _____

Approval of Mayor _____

Confirming order? _____ Yes, dept. has already placed order _____ Send confirming copy of PO to vendor

_____ No, dept. will place order when PO# is assigned

_____ No, Purchasing should place order with vendor, Phone # _____ Fax # _____

Contact _____

– TO BE COMPLETED BY PURCHASING DEPARTMENT –

Date PO entered _____ Date order placed _____ via mail__ phone__ fax__ PO# _____