|  |  |  |
| --- | --- | --- |
| UA-color-left-med | Purchase Request for Inventory Items (Used only to purchase items to be added to IT, Print Shop or Warehouse Inventory) | PURCH-3043-24-04 |
|  |
|   | Suggested Vendor(s) (Vendor, address, phone and contact) |  |   | For Financial Services Use only |
|  |  |  |  |  |
| 1 |       |  | P.O. # |       |
|  |       |  | Price |       |
|  |       |  | Fund |       |
| Tel. # |       | Fax # |       |  | Org |       |
| 2 |       |  | Acct |       |
|  |       |  | Prog |       |
|  |       |  | Activity |       |
| Tel. # |       | Fax # |       |  | Buyer |       |
|  |
|  (Attach list of additional sources if needed) |
| Ship to  | [ ]  | 1. P.O. Box 391 | [ ]  | 2. Warehouse |  |  |  |
|  |
| **(If Information is not Sufficient to make this purchase, request will be returned for Additional Information)** |
|  |
| **Item/Part #** |  | **Description, Size, Color, Catalog No., Author, etc.** |  | **Qty.** |  | **Unit** |  | **Unit Price** |  | **Total** |
|       |  |       |  |      |  |       |  |       |  | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|       |       |      |       |       | $0.00 |
|  | Total |  | $0.00 |
|  |
| Justify need for item |       |
|  |  |
| NOTE: Department Heads, Section Leaders and District Directors will approve purchase requests for $1,000 or less. Associate Directors, 4H and FCS State Leaders will approve requests between $1,001 - $ 10,000. The Associate Vice President for Agriculture - Extension or his designee must approve all requests over $10,000. |
|  |
| Name of Fund |       | Fund # |       | Org # |       |
|  |
| Name |       | Date |       |   |
|  |
| Title |       |  |
|  |
|  |  |  |
| Signature |       | Tel. # |       | FAX # |       |
|  |
| Supervisor’s Signature |       | Date |       |   |
|  |  |
|  |  | Recommended | [ ]  | Yes | [ ]  | No |
|  |
| ADMINISTRATIVE APPROVAL |  |
|  |
| Signature |  |  |
|  |       | Date |       |   |
|  |
| Title |       |  |
|  |