



**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: <i>(Include Make, Model, Number, etc.)</i> | Quantity | Unit of Measure | Estimated Unit Cost | Estimated Total Cost | |
|---|----------|-----------------|------------------------|-----------------------|--|
| | | | | | |
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| | | | | | |
| | | | | | |
| Note: Staples order of more than 5 items, complete page 2 of the 003 form. | | | 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) Approved _____ Not Approved _____ | Date: | Division Staff Analyst (Print & Sign): Items Budgeted _____ Items Not Budgeted _____ | Date: |
| Business Services Manager/Fiscal Manager/ Deputy Director/Admin Supervisor II Signature: <i>(Authorized up to \$5,000)</i> (Print & Sign) Approved _____ Not Approved _____ | Date: | Budget Transfer: Yes _____ No _____ From Category: To Category: Comments: | Date: |
| Director/Assistant Director Signature: (Print & Sign) Approved _____ Not Approved _____ | Date: | | |

FISCAL USE ONLY

| General Ledger | Cost Center | Amount | Fiscal Initials | General Ledger | Cost Center | Amount | Fiscal Initials |
|----------------|-------------|--------|-----------------|----------------|-------------|--------|-----------------|
| | | | | | | | |
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Purchase Order (Fiscal In-box)
 Staples (003 Coordinator)
 Printing Services
 Other: _____

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

