



SHERIFF'S OFFICE REQUISITION REQUEST FORM

DATE: _____ BUDGET: _____ DIVISION: _____ SECTION: _____

DESCRIPTION & SPECIFICATIONS Section below "ADDITIONAL INFORMATION" if needed

ITEM	QTY	UNIT COST	TOTAL
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10 _____	_____	\$ _____	\$ _____
11 _____	_____	\$ _____	\$ _____
12 _____	_____	\$ _____	\$ _____

VENDOR INFORMATION Any vendor that is listed in this area may or may not be used by Purchasing. It will be considered a suggestion for Purchasing to use when pricing.

NAME: _____ PHONE #: _____ VENDOR #: _____
ADDRESS: _____ CITY: _____ STATE: _____

APPROVALS

TRN.COORD: _____ SUPV: _____ SERGEANT: _____
LIEUTENANT: _____ CAPTAIN: _____ COMMANDER: _____
ASST CHIEF: _____ CHIEF DEPUTY: _____ SHERIFF: _____

FUNDS AVAILABLE (Y/N): _____ VERIFIED BY: _____ DATE: _____

MUNIS

ENTERED BY: _____ EXT #: _____ DATE: _____

REQ. / BPO #: _____ REQUEST FOR CHECK #: _____

ACCOUNT NUMBER: _____

PROJECT CODE: _____

ADDITIONAL INFORMATION:
Include Registration/Confirmation #s & Payment Method Below If known (ie PCard, BPO, Req., RFC)

CLEAR FORM

REQUEST TOTAL \$

Revised 10/31/19

NOTE: ATTACH ANY DOCUMENTATION NEEDED OR ANY ADDITIONAL INSTRUCTIONS