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TOWN OF RIVERHEAD
Purchase Requisition
THIS FORM IS TO BE USED PRIOR TO ACQUISITION

DATE: _____

ACCOUNT NUMBER:

ACCOUNT NAME :

BALANCE BEFORE ORDER: $

C CLS	QTY	DESCRIPTION	UNIT PRICE	AMOUNT

STATEMENT OF NECESSITY: _____

_____
(DEPARTMENT MAKING REQUEST)

_____
(PREPARED BY)

_____
(DEPARTMENT HEAD SIGNATURE)

PROPOSED VENDOR: _____ VENDOR#_____

DETERMINATION OF TOWN SUPERVISOR

APPROVED ..... DENIED.....

THIS IS A TENTATIVE APPROVAL SUBJECT TO AVAILABILITY OF FUNDS AND COMPLIANCE WITH PURCHASING REQUIREMENTS

*DESCRIPTION MUST INCLUDE EXACT SPECIFICATIONS TO INSURE PROPER DELIVERY OF THE ITEM REQUESTED.

**IF EXACT AMOUNT OF PURCHASE IS NOT KNOWN BY DEPARTMENT HEAD, AN ESTIMATE MUST BE GIVEN.