FORM: STAARS 1/17

PURCHASE REQUEST

DEPARTMENT OF FINANCE
DIVISION OF PURCHASING

DEPARTMENT_____ DOC CODE _____ UNIT _____ AGENCY ID _____

GENERAL INFORMATION

Document Name _____ Fiscal Year _____

Procurement Type ID _____ Contact Name _____ Phone Number _____

Requester _____ Shipping Code _____ Billing Code _____

Vendor Number _____ Vendor Name _____

Vendor Address _____

_____

COMMODITY INFORMATION

CL Description _____ Commodity Number _____

Contract Number _____ Line Type _____ Quantity _____

Contract Line Number _____ Unit of Measure _____ Unit Price _____

Contract Amount _____

Extended Description

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ACCOUNTING

Fund _____ Department _____ Unit _____ Appropriation _____ Object _____ Function _____

The named articles/services are necessary to be used in conducting public business.

Department Head _____

COMMODITY INFORMATION

CL Description _____ Commodity Number _____

Contract Number _____ Line Type _____ Quantity _____

Contract Line Number _____ Unit of Measure _____ Unit Price _____

Contract Amount _____

Extended Description

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ACCOUNTING

Fund _____ Department _____ Unit _____ Appropriation _____ Object _____ Function _____

COMMODITY INFORMATION

CL Description _____ Commodity Number _____

Contract Number _____ Line Type _____ Quantity _____

Contract Line Number _____ Unit of Measure _____ Unit Price _____

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Extended Description

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ACCOUNTING

Fund _____ Department _____ Unit _____ Appropriation _____ Object _____ Function _____