

**CITY OF SOMERSET
PURCHASE REQUISITION**

DATE: _____
 DEPT: _____
 BY: _____

PLEASE PURCHASE THE FOLLOWING:

QTY	DESCRIPTION - ITEM NUMBER	GL CODE	MAX COST
TOTAL			

VENDOR: _____

APPROVAL: _____ DATE: _____
MAYOR

APPROVAL: _____ DATE: _____
CHIEF FINANCIAL OFFICER

APPROVAL: _____ DATE: _____
DEPARTMENT HEAD/AUTHORIZED PERSONNEL

VENDOR #: _____

PO #: _____

DATE ORDERED: _____