

**CITY OF SOMERSET  
PURCHASE REQUISITION**

DATE: \_\_\_\_\_  
 DEPT: \_\_\_\_\_  
 BY: \_\_\_\_\_

**PLEASE PURCHASE THE FOLLOWING:**

QTY	DESCRIPTION - ITEM NUMBER	GL CODE	MAX COST
<b>TOTAL</b>			

VENDOR: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
 MAYOR

DATE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
 CHIEF OF STAFF

DATE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
 CHIEF FINANCIAL OFFICER

DATE: \_\_\_\_\_

APPROVAL: \_\_\_\_\_  
 DEPARTMENT HEAD/AUTHORIZED PERSONNEL

DATE: \_\_\_\_\_

VENDOR #: \_\_\_\_\_

PO #: \_\_\_\_\_

DATE ORDERED: \_\_\_\_\_