

CITY OF MARCO ISLAND

PURCHASE/REIMBURSEMENT/DIRECT-PAY REQUISITION FORM

Requested by: _____ Date: _____
Employee Name

Department: _____

Description of Order: _____

Vendor Name: _____ Vendor Address: _____

Vendor Phone: _____

<i>Quant.</i>	<i>Unit price</i>	<i>Description</i>	<i>G/L Acct #</i>	<i>Total cost</i>
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
		Shipping/Delivery Charges:		\$
		Grand Total:		\$

Originator: _____ Date: _____

Department Director: _____ Date: _____

Purchasing Manager: _____ Date: _____

Finance Director: _____ Date: _____

City Manager (*if over \$10,000*): _____ Date: _____

PLEASE DO NOT FORGET TO ATTACH THE SUPPORTING DOCUMENTATION