PURCHASE ORDER REQUISITION

P.O. # _____

Vendor:

_____

_____

_____

PHONE: _____

FAX: _____

Bill to / Ship to:

CITY OF MOAB
217 EAST CENTER
MOAB UT 84532

ATTN: _____

PHONE: (435) 259-5121

FAX: (435) 259-4135 OR (435) 259-4951

DATE ORDERED	DATE REQUIRED	TERMS	F.O.B. POINT
		NET-30	MOAB

SHIPPED VIA:	SPECIAL INSTRUCTIONS:

Qty	Description	Unit Price	Total	Account Number
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
	SHIPPING		$0.00	

USED ON OR FOR:

Balance Due

$ 0.00

I HEREBY CERTIFY THAT THE ABOVE ARTICLES ARE NECESSARY FOR THE OPERATION OF THIS DEPARTMENT AND THAT THERE IS AN APPROPRIATION THEREFORE.

REQUESTED BY:

APPROVED BY:

PURCHASING AGENT: