



MABAS DIVISIONS 4 & 5 SRT

Purchase Order Request Form

Requester Name: _____ Date: _____

Team: _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Website (if known): _____

Purchase Description: _____

Total (including shipping): _____

If purchasing multiple items, please complete the table below:

Qty.	Item Description	Amount
TOTAL (including shipping):		

Is total cost \$2,000 or greater? Yes No If yes, three quotes are required (see below):

Vendor Name: _____ Amount: _____

Vendor Name: _____ Amount: _____

Vendor Name: _____ Amount: _____

Reason Vendor Chosen: _____ Other Reason: _____

Operations Chief Approval: Name: _____ Date: _____

Operations Chief Signature: _____

E-Mail completed form to the Chief Administrative Officer: jsteingart@srillinois.org

ADMINISTRATIVE COORDINATOR USE ONLY

Date Received: _____ Is total cost \$5,000 or greater? Yes No

Account Number: _____ If yes, JAC approval date: _____