

# Purchase Request

## City of Gulfport

DATE \_\_\_\_\_  
REQUESTOR \_\_\_\_\_  
DEPT \_\_\_\_\_  
ACCT # \_\_\_\_\_  
REQU. # \_\_\_\_\_

PO # \_\_\_\_\_  
SUGGESTED VENDOR \_\_\_\_\_  
VENDOR # \_\_\_\_\_  
POC \_\_\_\_\_  
PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_

LINE	QTY	UOM	ITEM #	DESCRIPTION	UNIT COST	EXTENDED COST
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

SHIPPING INFO \_\_\_\_\_  
\_\_\_\_\_

FREIGHT / SHIPPING

TOTAL

COMMENTS / JUSTIFICATION

Requestor Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_