

CITY OF GULFPORT

Office Supply

PURCHASE REQUEST

Requestor _____

Date _____

Requestor Phone _____

Suggest Vendor _____

Department _____

Vendor No. _____

Account # _____

POC _____

Bid Group _____

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

 AUTHORIZED SIGNATURE

 DATE