

SERVICES/SUPPLIES/ EQUIPMENT REQUISITION (Form 003)

ADMINISTRATION USE ONLY				
Log No.				
Log Date				

Date Requested:		Date Required:				Re	Requesting Unit:					
Contact Person:		· · · · · · · · · · · · · · · · · · ·				Со	Contact Phone Number:					
Address:								Fun	ding Source:			
Delivery Address	(including Zip	Code):										
		DE	ESCRIPT	TION/E	EXPL	ANATION						
Purchase Item:	ATTACH A C	COPY OF THE C	CATALOG	PAG	E, SO	LE SOURC	E, OR 3 Q	JOTES	<u> </u>			
Vendor Name:										New Vendor		
Description: (Include Make, Model, Number, etc.)					Quanti	TV	t of	Estimated	Estimated			
(Include Make, M	odei, Number,	etc.)					iviea	sure	Unit Cost	Total Cost		
									Subtotal			
									Shipping			
Note: Staples ord	er of more than	5 items, comple	ete page 2	of the	003 fo	rm.			Tax			
							-		timated Total			
							Es	timate	d Grand Total			
Justification: <i>(Atta</i> All purchases must			,	lloooble	Coup	ty business.	and/ar MIOA	Drogra	amo.			
All purchases musi	be necessary, r	easonable, allow	able allu a	llocable	Coun	ty business	and/or vvio	Flogia	11115.			
Direct Supervice	r Cianatura: /	Orient O. Cierra		Doto	. 1	Division	Stoff Analy	ot /Drin	t 9 Cian\t	Doto		
Direct Supervisor Signature: (Print & Sign)				Date	•	Division Staff Analyst (Print & Sign):			Date:			
Approved	N	ot Approved				Items B	udgeted	Item	s Not Budgete	d		
Business Services Manager/Fiscal Manager/			Date	Date: Budget Transfer			Yes	No	Date:			
Deputy Director/	•	•	re:			From Category:						
Authorized up to \$5,000) (Print & Sign)												
						To Categ	ory:					
Approved Not Approved Director/Assistant Director Signature: (Print & Sign)			Dato	Date:				•				
JII ectol/Assistal	it Director Sig	jiiature. (Fillit & C	oigii)	Date	•							
Ammususad	N	ot Ammuovad										
Approved	IN.	ot Approved										
			FISC	AL U	SE C	NLY						
General Ledger	Cost Center	Amount	Fiscal Ir	nitials	Gene	ral Ledger	Cost Cer	iter	Amount	Fiscal Initials		
	. –			4.	<u> </u>							
☐ Purchase Or (Fiscal In-box)		Staples (003 Coordinator		nting	Servic	es	☐Other:					
(1 13041 111-DOX)		(550 Sosialiator)	<i>!</i>									

Fiscal Manager/Supervisor Signature

Fiscal Manager/Supervisor Print Name

Date

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SERVICES/SUPPLIES/EQUIPMENT REQUISITION (Form 003) PAGE 2

ADMINISTRATION USE ONLY				
Log No.				
Log Date				

Use Page 2 for Staples ordering or for more than 5 items being requested for purchase. Line No. and Stock Number field are fields required for Staples purchases or any company requiring same information.

DESCRIPTION/EXPLANATION

DESCRIPTION/EXPLANATION							
Purchase ItemATTACH A COPY OF THE CATALO	G PAGE, SC	LE SOURCE	E, OR 3 QUO	OTES	T		
Vendor Name: Description (Include Make, Model, Number, etc.):	Line No.	Stock Number	Quantity	Unit of Measure	Estimated Unit Cost	Estimated Total Cost	
	1	<u> </u>	<u>. </u>	<u> </u>	Subtotal		
					Shipping		
				-	Tax		
				ES	timated Total		

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