



PURCHASE REQUEST FORM

Please fill out all the gray areas.

DATE:

TEAM / DEPARTMENT:

POINT OF CONTACT:

Category(s): P = Planning, T = Training/Exercise, E = Equipment & O = Operations Qty = Amount Manufacturer = Product Brand Model = Item Model No.

CATEGORY	QTY	MANUFACTURER*	MODEL*	DESCRIPTION: Describe the item in minute detail, including sizes, colors, design specifications. Use continuation sheet if additional space is needed.

* Unless documentation is provided that a particular manufacturer & model number is needed, we reserve the right to purchase acceptable equivalents.

UASI Grant		Line Item	
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SHIPPING & LOCATION INFORMATION

NAME:	AGENCY:	PHONE:
ADDRESS:		CITY / STATE / ZIP

VENDOR INFORMATION

SOLE VENDOR: <input type="checkbox"/> YES <input type="checkbox"/> NO	Sole Vendor is defined as the only company that manufactures / sells a particular classification of equipment (not brand specific). Supporting documentation must be provided verifying the sole vendor status.
STATE CONTRACT: <input type="checkbox"/> YES <input type="checkbox"/> NO	Supporting documentation must be provided (i.e. copy of state contract or web reference).

COMPANY NAME:	COMPANY CONTACT:	PHONE:
ADDRESS:	CITY / STATE / ZIP:	
TOTAL COST:		

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