

**Department of Administration
Administrative Services Division**

**Purchase Order Requisition
Money Value Only
(Agency Placing Order On-Line or with P-Card)**

<input type="checkbox"/> On-line Purchase <input type="checkbox"/> P-Card Purchase	
Purchase Order Number (ASD Provided unless P-Card Purchase):	
Date:	
Requested By:	Phone #:
Agency #:	Agency Name:
Vendor/Supplier:	
Purchase Amount:	
Purchase is Pursuant to Good-of- the-State Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Good of the State Contract Number:	
Vendor/Supplier Quote Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Purchase in Agency Budget: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other justification (Specify): 	
Mandatory Coding Required:	Budget Account:
Optional Coding: Cat:	GL:
Org:	Job #:
Function:	
Requestor Signature:	Date:

AUTHORIZATION TO PROCEED:	

Print Name and Title	
_____	_____
Signature of Division Administrator or Designee	Date