SMG
Purchase Requisition

Account No	Cost Center	Event Number

For Accounting Use Only

Building: DOME

Date Requested: 12/05/18

Requestor's Name: Tommy Burgess

When Needed:

Requestor's Dept: Operations

☐ Customer Pick Up ☐ Delivery

Item Number	Item or Service Description (Detailed to Spec)	Quantity	Unit of Measure	Price	Extension
	1000 Watt incandescwnt bulb mogule base clear	50.00	CASES		$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total	**$ -**

Purpose or use: 76030 bulb and lamps

Reason: Need to complete PM administrator

Special Instructions:

Capital Project #

ORDER PLACED BY **Date Ordered**

Potential Vendor Name

Is your company registered as a Disadvantaged Business Enterprise vendor? If YES, please provide your DBE Certification # in the space provided.

☐ YES

☐ NO

DBE Certification #

Contact

Address

City, State, and Zip Code

Fax

Phone

Email address

Equity Liaison Officer **Date**

P.O./Contract number assigned:

(Purchasing to complete)

Approval: Chuck Bourg
Manager — Signature — Date

Approval: Brian Brocato
Department Head — Signature — Date

Approval: David Weidler
Director of Finance — Signature — Date

Approval: Alan Freeman
General Mgr *Combined total over $5,000.00 — Signature — Date

Approval: Doug Thornton
Regional VP *Projects with Combined Total Over $5,000 *All LSED Administrative Expenses — Signature — Date

Approval: Kyle France
LSED Board Chairman — Signature — Date