SMG
Purchase Requisition

Account No	Cost Center	Event Number
	For Accounting Use Only	

Building: DOME

Date Requested: 01/10/19

Requestor's Name: Daisy Langford

When Needed: 1/21/2019

Requestor's Dept: Housekeeping

☐ Customer Pick Up ☑ Delivery

Item Number	Item or Service Description (Detailed to Spec)	Quantity	Unit of Measure	Price	Extension
STX-61507U01C	File cart with Wheels	1.00	EA		$ -
					$ -
	This is a specific cart that meet our needs				$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
				Total	**$ -**

Purpose or use: Radio transportation box

Reason: Replace old box

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: Daisy Langford
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