PURCHASE REQUISITION

No: _____

County of Escambia
Board of County Commissioners
Office of Purchasing
223 Palafox Place, Room 214
Pensacola, Florida 32501

FOR MATERIALS, EQUIPMENT, SUPPLIES AND SERVICE
[THIS IS NOT AN ORDER]

Phone: (850)595-4985
FAX No.: (850)595-4805

Date: _____

Delivery Date Desired:

Department: _____ **Purpose:** _____

Deliver To: _____ **Suggested Vendor:** _____

Cost Center: _____ **Account:** _____ **Project Code:** _____ _____

Qty	Unit	ITEM (Please provide a detailed description)

DO NOT WRITE IN SPACES BELOW
For use of Office of Purchasing ONLY

Supplier Selected For:

- ☐ **Lowest Prices**
- ☐ **Better or Required Design**
- ☐ **Early Delivery**
- ☐ **Only Known Source**
- ☐ **Better Quality**
- ☐ **Contract**_____
- ☐ **Better Service**
- ☐ **State Contract**_____
- ☐ _____

_____

Name and phone number of person to call concerning this requisition:

Name: _____ Phone Number: _____

I certify that the above items as listed are just, reasonable and necessary for the operation of this department.

_____
Signature - Requestor

_____
Signature - Department/Division Head

-Forward in duplicate to the Escambia County Office of Purchasing
-Retain a copy for your files.

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