CITY OF DOVER
PO BOX 115
699 LAKESHORE AVENUE
DOVER, ID 83825
(208) 265-8339
FAX (208) 265-9035

PURCHASE REQUISITION

DATE: _____

NAME: _____
DEPT: _____
ACCT: _____

VENDOR: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____ FAX: _____

PRODUCT #	DESCRIPTION	QTY	PRICE	TOTAL

TOTAL_____

EMERGENCY:
(describe in detail)

SUPERVISOR CONTACT:
(time and date)

FOR OFFICE USE ONLY

APPROVED: _____/___/_____ **APPROVED BY:** _____