

MIDDLE GEORGIA FACILITY SYSTEM REQUEST TO PURCHASE

FACILITY: CSH		FAX#		DATE:	
TELE				FPO:	
ITEM	GCC CODE	DESCRIPTION	QTY/UNIT	UNIT PRICE	EXTENSION

SHIPPING: _____
Grand Total

TYPE OF PURCHASE:	FACILITY:
CONTRACT #	ORG/BUDGET/SCOA
EXPIRATION DATE:	DELIVER TO WAREHOUSE RECEIVING:
VENDOR NAME/FEI#:	SHIP TO ADDRESS:
ADDRESS	
TELEPHONE #	
FAX #	SPECIAL DELIVERY INSTRUCTIONS:
CONTACT PERSON	
REQUESTED BY (NAME AND TITLE):	APPROVED BY (NAME AND TITLE):
DEPARTMENT:	DEPARTMENT
REQUESTED DELIVERY DATE:	
ORDERED BY (NAME AND TITLE):	ORDER DATE:
ESTIMATED DELIVERY DATE:	
BUDGET APPROVAL FOR EQUIPMENT:	
APPROVED BY (NAME AND TITLE):	VALIDATED NOT TO EXCEED:
DATE:	