

UNIVERSITY of NORTH ALABAMA
Police Department

PURCHASE REQUEST

DATE:

REQUESTOR: Name:

VENDOR: Name: Address: Phone:

Item	Description	Quantity	Cost per unit	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10.				
	TOTAL			

NOTES: *(description of request/obtain quote from vendor and submit for approval before purchasing)*

Requestor Signature

Date

Supervisor Signature

Date

Agency Head Signature

Date

All requests for purchase must be completed, signed and forwarded to the Chief of Police for approval prior to making agreement with vendor for purchase.