BLUE VALLEY BEHAVIORAL HEALTH	PURCHASE REQUISITION
OFFICE LOCATION: _____	**REQUISITION DATE:** _____ **REQUISITIONED BY:** _____ **VENDOR:** _____

Quantity	Description	Price Per Unit	Amount

☐ Charge Card: _____#_____

☐ Billed to BVBH

☐ Reimburse Staff: _____
(name of staff)

Authorized by: _____
Executive Director / Business Manager Date

Subtotal	_____
Shipping Charges	_____
Tax	_____
TOTAL	_____

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