



TOWN OF RIVERHEAD

Purchase Requisition
 THIS FORM IS TO BE USED PRIOR TO ACQUISITION

DATE:

ACCOUNT NUMBER:

ACCOUNT NAME :

ACCOUNT BALANCE:

C/CLS	QTY	DESCRIPTION	UNIT PRICE	AMOUNT

Statement of necessity:

Department Making Request:

Prepared By:

Department Head Signature

Proposed Vendor:

Vendor #:

DETERMINATION OF TOWN SUPERVISOR'S OFFICE

APPROVED

DENIED

THIS IS A TENTATIVE APPROVAL SUBJECT TO AVAILABILITY OF FUNDS AND COMPLIANCE WITH PURCHASING REQUIREMENTS

*DESCRIPTION MUST INCLUDE EXACT SPECIFICATIONS TO INSURE PROPER DELIVERY OF THE ITEM REQUESTED.
 **IF EXACT AMOUNT OF PURCHASE IS NOT KNOWN BY DEPARTMENT HEAD, AN ESTIMATE MUST BE GIVEN.