

ARKANSAS STATE MILITARY DEPARTMENT PURCHASE REQUISITION / WORK ORDER REQUEST

Required Approvals

DATE: _____

FOR PROCUREMENT ONLY	
AASIS PO#/PCARD:	_____
Internal PO #:	_____
Requisition #:	_____

	Signature	Date
Program/Funds Manager		
DSR ONLY		
CFA Manager/Accountant		
Procurement Manager/Buyers		
Asset Coordinator		
DSR Budget Analyst		
Chief Fiscal Officer		

NOTE: Required signatures and justifications MUST be completed before Purchase Request/Work Order Requests can be processed.

REQUESTER INFORMATION

Request Number: _____

Contact Person: _____

Section/Dept.: _____ Estimated Amount: _____

Phone: _____

E-Mail: _____

ITEMS TO PURCHASE

JUSTIFICATION:

SHIPPING INFORMATION	FUNDING INFORMATION
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<p>Delivery Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="margin-left: 40px;"> <input type="checkbox"/> DELIVER <input type="checkbox"/> PICK UP </p>	<p style="text-align: center;">FUND MANAGER ACTION</p> <p>AMSCO _____</p> <p>FMZ # _____</p> <p>LINE ITEM # _____</p> <p>ASC _____</p> <div style="background-color: #cccccc; text-align: center; padding: 2px;">PROVIDED BY DSR</div> <p>COST CENTER _____</p> <p>WBS _____</p> <p>FUND CENTER _____</p> <p>GL CODE _____</p>
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PROCUREMENT (CONTRACT & VENDOR INFO)

Is there an existing contract for this item or service? Yes No If yes, what is the AASIS Contract # _____

Incomplete requisitions will be returned to requestor. Attach all justification and/or supporting materials to form.

Vendor #: _____ Vendor Name: _____

Vendor Contact (Phone & E-Mail) Information: _____