



Arkansas Department of Military
 Cabinet Secretary - Brigadier General Olen Chad Bridges,
 The Adjutant General

Purchase Request Form

Required Approvals

Date _____

Signature

Date

Program/Fund Mangers

DOTM ONLY

PROCUREMENT ONLY

CFA Manager /
Accountant

AASIS PO#/PCARD _____

Buyer

INTERNAL PO # _____

Asset Coordinator

REQUISTION # _____

CFO /Budget Analyst

REQUESTER INFORMATION

Request Number _____

Contact Person _____

Section/Dept. _____

Phone # / E-Mail _____

Amount \$ _____

Include Tax if applicable

ITEMS/SERVICES TO PURCHASE

JUSTIFICATION: _____

SHIPPING INFORMATION

PICKUP

DELIVERY

FUNDING INFORMATION

AMSCO / ASC _____

FMZ# / Line# _____

ANG CC / WBS _____

Delivery Address

PROVIDED BY DOTM

COST CENTER _____

WBS _____

FUND / FUND CENTER _____

GL CODE _____

PROCUREMENT (CONTRACT & VENDOR INFO)

Is there an existing contract for this item/service? Yes No If yes, AASIS Contract # _____

AASIS Vendor #: _____ **Vendor Name:** _____

Vendor Contact Information (Phone & Email): _____

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

Attach all supporting materials & quotes with form.

Incomplete Requisitions will be returned to Requestor.

Please email all Purchase Requisitions/Work Order Requests to mailbox.dotm.invoice@arkansas.gov