

Order No.	DRC			DAS Contract No.
REQUEST TO PURCHASE				
Ordered By: (Name and signature)	Date:	Date Requested:	Index No.	
Order Approved By: (Department Head/Chief)	Date:	Date Approved:	Contract Expiration Date:	
Ship To (Name, Address, Phone No.)		Quote No.	OAKS Requisition #:	
			PO#:	
			Supplier ID No.	
Supplier (Name & Address):		Price Effective Dates/ Terms	Supplier Contact Person, Fax, and or Email:	
Supplier Phone No.	Person who placed order with the Supplier:			Date Ordered:
				Delivery Date:
Quantity Ordered	Unit	Item Description & Specifications		Unit Cost
				Total Cost
				Shipping Charges
				Grand Total:

Justification:

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Business Office Fund Verification Use Only

Fund	Account	ALI	Department	Program	Grant/Prj	Project	Serv Loc	Reporting	Agency Use	X-REF
Certification of Funds Available <input type="checkbox"/> Funds Available <input type="checkbox"/> Funds Not Available						Initial _____ Qtr _____		Check only one, as applicable (OAKS Funds only) <input type="checkbox"/> MBE Set-Aside <input type="checkbox"/> EDGE <input type="checkbox"/> MBE Participation <input type="checkbox"/> None of the Above Please Attach DRC-1922		
Approved for Purchase <input type="checkbox"/> Yes <input type="checkbox"/> No		Signature _____				Date _____				