**Request to Purchase from Cooperative/Interlocal**

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| **General Information** | Date: |
| Department: | Phone No.: |
| Contact Name: | Email: |

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| **Vendor Information** | Requisition No.: |
| Name: | Purchase Order No.: |
| Address: | Contract No.: |

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| **Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and location of where l the services or goods be delivered. Attach documents/information as appropriate. |
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| **Type of Request.** Please select one of the options below. |
| □ Interlocal Name of Government Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Cooperative Name of Coop. Org. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Reason: Attach back up information as appropriate□ Competitive Price□ One-time Need□ Other, explain benefit to the city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Department Recommendation** |
| Requestor: | Date: |
| Department Director: | Date: |

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| **Chief Procurement Officer’s Approval** |
| Signature: | Date: |