

# Purchase Request Form

## SECTION A: To be completed by the employee

### 1. PURCHASE REQUEST SOUGHT

Select scenario that applies to this application:

- Mandatory Purchase of Goods
- Optional Purchase of Goods
- Mandatory Purchase of Services
- Optional Purchase of Services

Date of Request

Please indicate the urgency and desired timeline for this purchase:

- Urgent (Needed within 1 to 3 days)
- High (Needed within 4 to 7 days)
- Normal (Needed within 2 to 4 weeks)
- Low (Flexible timeline)

### 2. GENERAL INFORMATION

<b>First Name:</b>	<b>Last Name:</b>
<b>Department:</b>	<b>Supervisor's Name:</b>
<b>Position:</b>	<b>Employee Number:</b>
<b>Email Address:</b>	<b>Telephone Number:</b>

### 3. PURCHASE DETAILS:

Provide a detailed description of the items or services being requested.

### 4. PURPOSE OF PURCHASE

### 5. ESTIMATED COST

Attach any quotes, pricing information or supporting documentation.

### 6. VENDOR INFORMATION

Vendor Name:	Vendor Email Address:
Vendor Phone Number:	Vendor Quote:

### 7. EMPLOYEE'S SIGNATURE

Signature:

Date:

**SECTION B: To be completed by the employee's manager**

**8. MANAGER'S RECOMMENDATION**

Purchase Request is:  Recommended  Not Recommended

**9. BUDGET INFORMATION:**

<b>Department Code:</b>	<b>Division Code:</b>
-------------------------	-----------------------

Additional Notes ( for manager's use: e.g., stakeholders consulted):

**10. MANAGER'S SIGNATURE**

Signature:

Date:

**SECTION C: To be completed by the authorized personnel (See Purchase Policy)**

**11. AUTHORIZED APPROVAL**

<b>First Name:</b>	<b>Last Name:</b>
<b>Department:</b>	<b>Position:</b>
<b>Email Address:</b>	<b>Telephone Number:</b>

Authorized Approval Signature:

Date: