

**NOTE: IF YOU NEED MORE THAN (7) PRODUCT/SERVICE LINES PLEASE USE THE ALTERNATE 2-PAGE FORM AVAILABLE ON THE INTRANET**

**AMADOR COUNTY  
GENERAL SERVICES ADMINISTRATION  
PURCHASE REQUISITION**

Date \_\_\_\_\_  
 Budget/Line Item \_\_\_\_\_  
 Fund \_\_\_\_\_  
 Name of department \_\_\_\_\_  
 Ext # \_\_\_\_\_  
 Vendor # \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_

The following supplies are required by

Please Order      Already Ordered

Preferred or  
suggested vendor  
Sales Rep &/or  
Company Email

Address

City

	VENDORS	
A	B	C

QUANTITY	GIVE FULL DESCRIPTION: SIZE, MATERIAL, COLOR, CATALOG NO. PACKAGING, ETC	ESTIMATED UNIT PRICE	PER	ESTIMATED TOTAL COST	QUOTE	QUOTE	QUOTE
	Tax Shipping Total						

I hereby certify, upon my own personal knowledge, that the articles or services requested hereon are necessary for use by the department, and that there are funds available to cover cost of same.

Requested By \_\_\_\_\_

Approved By \_\_\_\_\_

**APPROVED FOR PURCHASE BY: GSA ONLY**