



RIVERSIDE COUNTY AUDITOR-CONTROLLER  
**PURCHASE REQUEST**

OFFICE USE ONLY	
PR NO.	_____
DATE:	_____
BY:	_____
PO NO.	_____

DATE: \_\_\_\_\_ REQUESTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_ DIVISION: \_\_\_\_\_

DATE WANTED: \_\_\_\_\_ SUGGESTED VENDOR: \_\_\_\_\_ PHONE #: \_\_\_\_\_

REASON FOR PURCHASE (Explain): \_\_\_\_\_

ITEM NO.	QUAN-TITY	UNITS	COMPLETE DESCRIPTION IF MORE SPACE IS NEEDED, ATTACH SEPARATE SHEET	NOT TO EXCEED	
				UNIT COST	EXTENDED
1					
2					
3					
4					
5					
6					

BUDGET APPROVAL (FA)	ITEM NO.	FUND / DEPT ID	/ DEPT ID	-	ACCOUNT / PROJECT ID	SHIPPING TOTAL COST	_____
		10000 /	/	-	_____ / _____		_____

	1					<b>NOTES:</b>
	2					
	3					

**DIVISION HEAD APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

ACCOUNTS PAYABLE