

CITY OF WINCHESTER PURCHASE REQUISITION

DEPARTMENT _____
SHIP BY _____
DELIVER TO _____
REQUIRED DATE OF DELIVERY _____
DATE REQUESTED _____

| QUANTITY | UNIT | DESCRIPTION | ACCT. | UNIT PRICE | AMOUNT |
|----------|------|-------------|-------|------------|--------|
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VENDOR _____
ADDRESS _____
REQUESTED BY _____
APPROVED BY _____

PURCHASING OFFICE USE ONLY

BUDGETED _____
FUNDS AVAILABLE _____
PURCHASE ORDER NO. _____
DATE _____