



**TOWN OF COLLIERVILLE**

500 Poplar View Parkway  
Collierville, TN 38017

PURCHASE REQUISITION FORM						
DATE	REQUISITIONER	DATE NEEDED	PO NUMBER	REQUISITION NUMBER		
<b>A.</b>	<b>B.</b>	<b>C.</b>				
DEPARTMENT		DIVISION		DELIVER TO		
<b>D.</b>		<b>E.</b>		<b>F.</b>		
SHIP VIA	M.	FOB	TERMS			
QTY.	UNIT	DESCRIPTION		ESTIMATED UNIT PRICE	ESTIMATED TOTAL PRICE	ACCOUNT NUMBER
<b>G.</b>	<b>H.</b>	<b>I.</b>		<b>J.</b>	<b>K.</b>	<b>L.</b>
				ESTIMATED FREIGHT COST	<b>N.</b>	
				ESTIMATED TOTAL COST	<b>O.</b>	
RECOMMENDED VENDOR(S):			<b>P.</b>			
JUSTIFICATION FOR PURCHASE:			<b>Q.</b>			
DEPARTMENT DIRECTOR OR DESIGNEE MUST SIGN AND DATE REQUEST BELOW:						
The items above listed are a proper charge against the appropriation shown hereon and the services or materials are to be used exclusively for the purpose against which each said items are charged.						
APPROVED BY:	<b>R.</b>			DATE:	<b>S.</b>	
APPROVED BY:				DATE:		
APPROVED BY:				DATE:		
APPROVED BY:				DATE:		
MATERIAL RECEIVING REPORT						
DATE	DIVISION MATERIALS DELIVERED TO:			PURCHASE ORDER NO.		
TIME OF DAY	RECEIVED BY: (INCLUDE POSITION TITLE)					
<input type="checkbox"/> See attached packing slip						
TOTAL # OF ITEMS ON FREIGHT BILL	TOTAL # OF ITEMS RECEIVED	DELIVERED BY				
		<input type="checkbox"/> Town Pick-up <input type="checkbox"/> Vendor Truck <input type="checkbox"/> Freight Company <input type="checkbox"/> Mail <input type="checkbox"/> UPS <input type="checkbox"/> Fed Ex <input type="checkbox"/> Other: _____				
COMPLETE THIS SECTION FOR DAMAGED OR BACK ORDERED ITEMS						
ITEM	DESCRIPTION		QUANTITY	COMMENTS		
DAMAGED OR BACK ORDERED ITEMS RECEIVED BY			POSITION TITLE		DATE RECEIVED	