Departmental Purchase Requisition

Company _____ Budget Number _____

Address _____ Request Date _____

City _____ Phone Number _____

State/Province _____ Zip/Postal Code _____ Fax Number _____

Country _____ Contact Name _____

Stock No.	Description	Supplier	Quantity	Unit Cost	Amount
Comments				**Total**	
				Shipping Charge	
				Grand Total	

Auditor Use Only

Vendor No: _____

Purchase Order No: _____

G/L Account No: _____

Auditor Approval: _____

_____

Authorized By Elected/Appointed Official

Date _____

Return To: Navarro County Auditor's Office
300 West 3rd Avenue, Suite 10
Corsicana, TX 75110