

Purchase Order #

Supreme Court of Ohio Purchase Requisition Form	COMPLETE ALL ITEMS BELOW	
	Department ID: Click and Choose from Below	Agency Use (If applicable):
Originator:	Telephone:	Date: 3/2/2016

Reporting Code	Quantity	Description	UNIT PRICE	AMOUNT
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
			Total	\$ -

JUSTIFICATION FOR PURCHASE

ORDERING RESPONSIBILITY
_____ Originator to Order _____ Purchasing Coordinator to Order

VENDOR QUOTES AND INFORMATION	
Sole Source Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Quote #1) Vendor: _____	Amount: _____
(Quote #2) Vendor: _____	Amount: _____
(Quote #3) Vendor: _____	Amount: _____
Vendor Selected: _____	
Fed. Tax ID: _____	
Address: _____	
Telephone: _____	
Contact: _____	

SOURCE OF FUNDS FOR PAYMENT
Fund: <input type="text"/>

SIGNATURE APPROVALS	
Senior Staff	Date
Specialized Purchases Approval (if necessary)	Date
Office of Fiscal Resources	Date
Administrative Director	Date