



545 East Main Street • P.O. Box 210 • Eureka, UT 84628 • (435) 433-6363 fax (435) 433-6643

### Purchase Request

#### Vendor Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

#### Person Requesting Purchase

Employee Name \_\_\_\_\_  
 Purchase Order Bill to Address \_\_\_\_\_  
 \_\_\_\_\_  
 Funding Source \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Building Admin. Approval \_\_\_\_\_

Qty	Part #	Item Description	Unit Cost	TOTAL
<b>Sub Total</b>				
<b>Shipping &amp; Handling</b>				
<b>TOTAL</b>				