Purchase Request

Fiscal Year	
Unit Control	
Number	

Date:		_	•	Uni	Number			
Requesting Unit:	Ship to Unit: (if different)							
Requestor Signature								
Approval Signature >	Co	Cost Center (10): Functional Area (16): Internal Order			er (10):			
Description; Catalog, Page Number, etc.	•	Identifying Number	Quantity Requested		Unit Cost	Extension		
				<u> </u>				
				<u> </u>				
				+				
Contillate atom Control Fi		Purchasing Use Only						
Special Instructions, Comments, Etc.		Returned for corrective action: Incomplete items, please complete Insufficient funds, amend orgn. Order from Central Supply Unable to find supplier Insufficient detail, see special instructions Other, see special instructions						

White - Purchasing Yellow - Requesting Unit Mississippi State Department of Health Approval:

Purchase Request Form 50 Instructions

Purpose

To initiate a purchase through the Purchasing Office

Instructions

Date: Enter the date request is made.

Fiscal Year: Enter the fiscal year in which the expense will incur. Be careful during the months of May and June to indicate the appropriate fiscal year since payment can be made out of two (2) fical years during this time period.

Unit Control Number: This is a sequential number assigned by your office for identification purposes before the purchase order number is issued. Begin each fiscal year with a new set of control numbers.

Requesting Unit: Enter the name of the units for identification purposes. If the requesting unit is also the receiving unit, make sure the shipping address is used.

Request Signature: Signature of authorized requestor should be obtained.

Approval Signature: Signature of either the Office Director or Program Director. If you are requesting items to be purchased from an Cost Center other than your own, the approval signature would be by the respective Office Director or Program Director.

Ship to Unit: If items are to be shipped to a location other than the Requesting Unit, indicate the name and physical location of the unit in the space provided. Be sure this is a deliverable address, not a P.O. box.

Cost Center, Functional Area and Internal Order: These items are self-explanatory but must be appropriate for the items requested. Multiple Cost Center or items are acceptable.

The body of the form consists of the description, identifying number and quantity requested. Use a different Purchase Request form for each vendor.

Description: As much description information which can be supplied (catalog name, page number, vendor name, etc.) will facilitate the ordering process. If the item is on a state contrast, refer to the contract number, if known.

Identifying Number: List the complete identifying number.

Quantity Requested: Specify the number being requested.

Unit Cost: Specify the cost of each item per unit, if known.

Extension: The total of the unit cost times the quantity requested.

Special Instructions: Enter any special instructions, comments, etc.

Purchasing Use Only: Check correct box if you are returning your purchase.

Approval: Signature of approving official.

Office Mechanics and Filing

Send the white copy directly to the Purchasing Office. The yellow copy should be retained by the originating unit in a pending file until the order has been received in full.

The yellow copy, after order is complete, is to be filed by fiscal year and numerically by control number in a "Completed Purchase Request" file.

Retention Period

The "Completed Purchase Request" file should be retained by the originating unit for three (3) years or until audited, whichever is longer.

Finance and Accounts will retain the white copy for three (3) years or until audited, whichever is longer.