## **PURCHASE REQUISITION**

COUNTY OF CLINTON

Phone:	Fax:
EHOHE.	rax.

DATE:		PO #:		
Vendor Code:		ACCOUNT #:		
VENDOR:		BILL TO/SHIP TO:		
Customer #				
QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT	
		TOTAL	0.00	
Approved ( ) Disapproved ( )		Department Head		
- Purchasing Agent		Title		