**Request to Purchase from Cooperative/Interlocal**

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| **General Information** | Date: |
| Department: | Phone No. |
| Contact Name: | email |

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| **Vendor Information** | Requisition No. |
| Name: | Purchase Order No. |
| Address: | Contract No. |

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| **Description.** Please provide a description of the goods or services required, the duration or frequency of the requirement, and where will the services or goods be delivered. Attach documents/information as appropriate. |
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| **Type of Request.** Please select one of the options below. |
| □ Interlocal Name of Government Entity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Cooperative Name of Coop. Org. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason: Attach back up information as appropriate  □ Competitive Price  □ One-time Need  □ Other, explain why benefit to the city: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Department Recommendation** | |
| Requestor: | Date: |
| Department Director: | Date: |

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| **Chief Procurement Officer’s Approval** | |
| Signature: | Date: |