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| FORMA15-A**(DRAFT 6/06)** |  | STATE OF WASHINGTONPURCHASE REQUISITION | SUBMIT TO: | DEPARTMENT OF GENERAL ADMINISTRATIONOFFICE OF STATE PROCUREMENTRoom 201, General Administration BuildingPO Box 41017Olympia, Washington 98504-1017 |
| ORDERING AGENCY NAME: | AGENCY NO. | LOCATION | MAIL STOP | DATE ORDEREDMO DAY YR | DATE NEEDEDMO DAY YR | REQUISITION NO. |
|            |       |       |       |       |       |       |
|            | CONTACT PERSON      | EMAIL ADDRESS      | PHONE NUMBER      |
| SHIP GOODS TO: | AGENCYNO. | LOCATION | MAILSTOP | MAIL INVOICES TO: | COPIESREQD. | AGENCYNO. | LOCATION | MAILSTOP |
|       |       |       |       |       |       |       |       |       |
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| **REQ.****ITEM NO.** | **COMMODITY****CODE** | **DESCRIPTION** | **QUANTITY** | **UNIT** | **ESTIMATED** |
|  |  |  |  |  | **UNIT PRICE** | **TOTAL COST** |
|                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |                                                    |
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| IDENTIFY PREVIOUSREQUISITIONS FORITEMS ABOVE | NAME OF AUTHORIZING OFFICIAL | I hereby certify that the goods or services requestedare necessary for the work and transaction ofbusiness of this agency(SIGNATURE) |
|  | (Type or Print) |  |  |
| 1. DATE/REQ. NO. | TITLE |  |  |
| DOC DATE | PMT DUE DATE | CUR DOC. NO. | REF DOC NO. | VENDOR NO | VENDOR MESSAGE | USE TAX | UBI NUMBER  |
| REFDOCSUF | TRANSCODE | MOD | FUND | APPNINDEX | PROGRAMINDEX | SUBOBJ | SUBSUBOBJ | ORGINDEX | WORKCLASSALLOC | COUNTYBUDGETUNIT | CITY/TOWNORGINDEX | PROJECT | SUBPROJ | PROJPHASE  | PROJ | AMOUNT | INVOICE NUMBER |
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| APPROVED FOR PAYMENT BY | DATE | WARRANT TOTAL | WARRANT NUMBER |