

Date _____

This form is to be used for the following **(that are less than \$25,000.00)**: Registrations, Subscriptions, Memberships, Direct Billings for Hotel/Car Rental, Hotel Prepayments, Utilities, Food Items (Sodexo)

<p>Vendor Name: _____</p> <p>Address: _____</p> <p>Vendor Phone #: _____</p> <p>Note: If check is to be picked up by GC employee please provide contact information below:</p> <p>Employee Name: _____</p> <p>Employee phone #: _____</p>	<p>Requested by: _____</p> <p>Approved by: _____</p> <p style="background-color: #fff9c4; padding: 2px;">Note: Requester & Approver may not be the same person</p> <p>IT Approved by: _____</p> <p style="background-color: #fff9c4; padding: 2px;">IT approval is required for all Technology Related purchases</p> <p>DEPARTMENT NUMBER(S) TO BE CHARGED:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Item #	Qty/Unit	Description and Specifications	Unit Price	Total Price
Total				

Comptroller/CAO Approval (if needed): _____ Date: _____