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| --- |
| FOR PURCHASING OFFICE USE ONLY |
| **Purchase Order #**: |
| Bid #: |
| State Contract #: |
| GL Acct #: |
| Purchase Codes: ST – B51-02 |
| Date Request Received: |
| Date Order Placed: |

#### **brtc new logo revisedConverted**

#### **Purchase Request Form\*\***

**Department or Alternate Funding Source (ie., name of Grant)**

**Requester shall complete quantity, description of goods & services, and all vendor information.**

If total order is over $5000, requester must attach a minimum of three (3) vendors, specifications, & supporting documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| Quantity | Description | Unit Price | **Total** |
|  | Letterhead, Item #21, Cream Color, Linen Finish (per 1000) | 62.89 |  |
|  | * Upcharge (per order), 2 Color Ink, Item #38 | 17.40 |  |
|  | * Upcharge (per thousand), 2 Color Ink, Item #50 | 2.25 |  |
|  | Matching Second Sheet, Item #26 (per 1000) | 35.10 |  |
|  | Matching Envelopes, Item #32, Cream Color, Linen | 88.19 |  |
|  | * Upcharge (per order), 2 Color Ink, Item #56 | 17.40 |  |
|  | * Upcharge (per thousand), 2 Color Ink, Item #68 | 2.25 |  |
|  | (All items are 500 per box, but priced per thousand) | Subtotal |  |
|  | \*(Include Shipping & Handling If Known) | S & H |  |
|  | \*(Include Sales Tax Of 9.75%) | Tax |  |
|  |  | GRAND TOTAL |  |

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| --- | --- |
| **VENDOR:** | Bank & Business |
| Contact: | Randy Burrall |
| Address 1: | 11600 Otter Creek Rd, S |
| Address 2: |  |
| City/State/Zip: | Mabelvale, AR 72103 |
| Telephone: | 501.312.7419 |
| Fax: | 501.224.4769 |
| Web/E-Mail: | Randy.burrall@bnbsinc.com |

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|  | **GENERAL LEDGER ACCOUNTS**  *To be completed by Departmental Supervisor* |
|  | 6203-Copier Expense |
|  | 6205-Conference/Educ/Training |
|  | 6206-Instructional Supplies |
| X | 6207-Office Supplies |
|  | 6208-Shop/Industrial Supplies |
|  | 6209-Maintenance/Custodial |
|  | 6210-Subscription |
|  | 6211-Memberships |
|  | 6213-Promotional Items |
|  | 6300-Capitalized Equipment |
|  | 6302-Library (Books/Audiovisuals) |
|  | **List other accounts below as needed**: |
|  |  |
|  |  |

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| --- | --- | --- |
|  |  |  |
| Signature of Requester |  | Date |
|  |  |  |
| Signature of Departmental Supervisor/Budgetary Approval |  | Date |
|  |  |  |
| Signature of VP of Administration |  | Date |

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| \*S & H and Tax will ultimately be added to your order and will impact your budget. |
|  |
| \*\*Requester may attach additional pages as needed. |

Revised 6/30/14 AF