



Exhibit B

Purchase Request Form General Operating Supplies

Date:

FY:

Division:

Requestor:

Phone Number:

Check the item(s) you are requesting:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Desktop Printer (fire station only) | <input type="checkbox"/> Label Maker | <input type="checkbox"/> Label Ribbon | <input type="checkbox"/> Calculator |
| <input type="checkbox"/> Printer Cartridge | <input type="checkbox"/> Dry-Erase Board | <input type="checkbox"/> Cork Board | <input type="checkbox"/> Air Freshener |
| <input type="checkbox"/> Light Bulb | <input type="checkbox"/> Janitorial and Cleaning Supplies | <input type="checkbox"/> Batteries | <input type="checkbox"/> Storage Box |

Supporting Information for Item(s) Requested (attach additional sheets as needed):

List description of the item(s), quantity, specifications (size, material, color, scent, etc.), item numbers (if known), brand, model, etc. You can attach a picture of the item(s) if available.

The following is the information that Purchasing staff needs in order to complete your request.

- Identified the product that is needed?
- Provided a detailed itemized list of items and their quantities?
- When does the division want the item delivered?
- Where does the division want the item delivered?

Justification for Request:

Approved by _____