

Purchase Requisition

County of Webb



Department
 Requisitioned By
 Phone No.

Req. Number
 Req. Date
 Deliver To

| | |
|------------------------------------|---------------|
| Capital Outlay (Attach Minutes) | |
| Court | Approval Date |
| Item # | |

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| Official's Affidavit |
| <i>I hereby certify that there is an available balance in my approved budget for the current year sufficient to pay for the item(s) requested and that the items are absolutely necessary for the discharge of my official duties.</i> |
| Submitting this form from Appropriate Official's E-Mail Constitutes Signature |
| Elected / Appointed Official's Signature |

| ACCOUNT NUMBER | COMMODITY CODE | ITEM DESCRIPTION | QTY. | PRICE PER UNIT | DATE NEEDED BY | PURPOSE | AMOUNT |
|---------------------|----------------|------------------|------|----------------|----------------|---------|--------|
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| TOTAL AMOUNT | | | | | | | |