

# STATE ACTIVE DUTY PURCHASE REQUISITION

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE PRINT OR TYPE

ITEM #	QTY	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE	VENDOR INFORMATION	
					Vendor Name: _____	
					Address: _____	
					Phone #: _____	
					SC Vendor #: _____	
					REQUESTOR INFORMATION	
					Requested By: _____	
					Phone # Cell: _____	
					Phone # Office: _____	
					Email : _____	
					If this is a modification, the numbers/dollar amounts should reflect the new total not the quantity or unit price you wish to change.	
			Subtotal			
			Freight/Shipping			
			Sales Tax			
			Grand Total		The previous PO to be modified is:	
Note: Meals require signatures on DA Form 3032		APPROVAL	APPROVAL		APPROVAL	DODAAC
		BN S4 Signature: _____	Bde S4 Signature: _____		J4/G4 Signature: _____	_____
		Phone # Cell: _____	Phone # Cell: _____		Phone # Cell: _____	JULIAN DATE
		Phone # Office: _____	Phone # Office: _____		Phone # Office: _____	PR SERIES
Email : _____		Email : _____		Email : _____	_____	