

STATE ACTIVE DUTY PURCHASE REQUISITION

EVENT: _____

DATE: _____

PRINT OR TYPE

ITEM #	QTY	ITEM DESCRIPTION	UNIT PRICE	TOTAL PRICE	VENDOR INFORMATION
					Vendor Name : _____
					Address : _____
					Phone # : _____
					SC Vendor # : _____
					REQUESTOR INFORMATION
					Requested By : _____
					Unit : _____
					Cell Phone # : _____
					Office Phone # : _____
			Subtotal		Email : _____
			Freight / Shipping		If this is a modification, the numbers/dollar amounts should reflect the new total not the quantity or unit price you wish to change.
			Sales Tax		
			Grand Total		
Justificaiton:					The previous PO to be modified is:

Note: Meals require signatures on DA Form 3032

<p>APPROVAL</p> BN/TF S4 : _____ Cell Phone # : _____ Office Phone # : _____ Email : _____	<p>APPROVAL</p> Bde S4 : _____ Cell Phone # : _____ Office Phone # : _____ Email : _____	<p>APPROVAL</p> J4/G4 : _____ Cell Phone # : _____ Office Phone # : _____ Email : _____	<p>DODAAC</p> _____ JULIAN DATE _____ PR SERIES
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