Req. Date:							ndian Community REQUISITION				No.		
Vendor Number: □ ✓ If New						New _			Date Wanted:				
Vendor:						<u> </u>	Check O	ne	Remarks:				
Address:						¹	l. New	Order	i Kemarks.				
City, State, Zip:						2	2. Chang	ge Order 🔲					
Attention:							3. Add C						
Phone:							If 2 or must o	3 is √ you complete #4					
Fax:							. P.O. #						
Requisitioner:							se of N	/laterial			ESTIMAT	ED COST	
Delivery											\$		
Location:							nd Use	r					
	Freight	U.P.S.	P.P	P. Your Delivery	Truck	VL	A	Other	F.O.B.	Т	Terms	P.A.	
Colle	ct Pre-Paid								Dest. Orig.	$\overline{}$			
Line	Quantity	Quantity Unit of				I	Description			P.I.	Pri		
No.	- Quantity	Meas	sure				r				Amount	Unit	
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	TIMATED PRIC							□ ADVISE :	PRICE: OR DE	N AC EFOI	KNOWLE RE REPAIR	DGEMENT l	
In accordance with your quotation dated Confirms telecom between							_and_			0	n		
NOTE	: Purchasing a	gent to	make	e final vendor s	electio	n based o			as: service, qua	lity, a	availability	, price etc.	
	No												
Expense Acct							Autho	orized Signature		Da	te		
1	Year												