PEOPLE'S PLACE II, INC.

PURCHASE REQUEST

Vendor Name Vendor#

Vendor Address

Fund*	Prog	Grant/ Contract	Distribution Code**	Cost Center***	Line Item	Quantity	Description	Unit Price	Amount
								Total Price	

*01 for all programs **Use either Grant/Contract or Distribution Code but not both

***000 unless otherwise needed for contract specifics (County, City, Mc)

ATTACH PRICE QUOTE FROM VENDOR OR COPY OF CATALOGUE PAGE

PROGRAM DIRECTOR SIGNATURE DATE

FISCAL APPROVAL DATE

ADMINISTRATIVE APPROVAL DATE