

# TOULMINVILLE-WARREN STREET UMC DAY CARE CENTER REQUISITION FORM

Amount Requested: \$ \_\_\_\_\_

Vendor of Choice: \_\_\_\_\_

Taxes: \$ \_\_\_\_\_

Vendor Description: \_\_\_\_\_

Budget Category: \_\_\_\_\_

**TOTAL COST:** \$ \_\_\_\_\_

### VENDOR QUOTES (if applicable)

Quote	Vendor
\$	
\$	
\$	

### DESCRIPTION OF PURCHASE AND JUSTIFICATION

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IS FINANCING REQUIRED? \_\_\_\_\_

**ALL APPROVALS MUST BE ACQUIRED BEFORE A PURCHASE CAN BE DONE**

Submitted by \_\_\_\_\_

\_\_\_\_\_ Date

Director or Business Manager \_\_\_\_\_

\_\_\_\_\_ Date

Board of Directors (if amount exceeds \$250) \_\_\_\_\_

\_\_\_\_\_ Date