DATE

## **Requisition Form**

## NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS

VENDOR NAME/ADDRESS		96135 Nassau Place Suite 1 Yulee, FL 32097				DEPARTMENT
						REQUESTED BY
VENDOR NUMBER	PROJECT NAME	FUNDING SOURCE		AMOUNT AVAILABLE	E STAND	DARD PO OR ENCUMBER ONLY CONTRACT NO.
ITEM NO.	DESCRIPTION		QUANTITY	UNIT PRICE	AMOUNT	
ORIGINAL - FINA	ANCE				Shippi	ing
COPY - DEPARTN					Total	
Department H	<b>I</b> ead					
	the best of my knowledge, this requ	istition reflects accu	rate inform	ation, has been re	eviewed, budgeted for and j	follows the Nassau County
Purchasing Po	olicy.					
0.00 0.34	4 10 1 4/1 4			00.6	·e 4 4 65 000 e	
	nagement and Budget (signature r the best of my knowledge, funds ar			00 for services o	or if greater than \$5,000 f	or goods)
ŕ	J J 0 7 J	3 1 2				
Procurement	Director (signature required if gr	eater than \$5,000.0	0)			
I attest that, to	the best of my knowledge, this requ	uisition is accurate a	nd necessar	v and is consisten	nt with the Nassau County I	Purchasing Policy.
County Manag	ger (signature required if greater	than \$100,000.00)				
I attest that, to	the best of my knowledge, the appro	opriate staff have rev	viewed and a	approved this Req	quisition and no other cond	litions would prevent approval.
						Clerk:
						Date: