



REQUISITION
 Larimer County
 Purchasing
 200 West Oak Street, Suite 4000
 Fort Collins, Colorado 80521

VENDOR NAME _____

P.O. # _____

ATTN _____

MAIL TO ADDRESS _____

BILL TO DEPT. NAME _____

SHIP TO DEPT. NAME _____

PHONE # _____

SHIP TO ADDRESS _____

FAX # _____

If this requisition is for services, check with the Risk Management Department at 498-5963 to see if the vendor's insurance is current. Put a note in the "Special Instructions" box below to let the Purchasing Department know if the vendor's insurance is OK with Risk Management.

Coding	Quantity	Unit Price	Description	Amount
Requisition Total				

Special Instructions To The Purchasing Department:

REQUESTED BY _____ DATE _____ APPROVED BY DEPT. HEAD _____ DATE _____ PURCHASING DIRECTOR _____