## **Requisition Number:**

For LLBO Internal Use Only. VENDORS DO NOT ACCEPT THIS FORM.

Leech Lake Band	•	e Purchase I	Requis	sitioi	n ]	DATE:			
				(attach contract) Blanket P.O to			Vendor #:		
To Be Completed by D	epartment	•							
DEPARTMENT			SUG	SUGGESTED VENDOR (S)*					
Requisitioner Name:				Name:					
Department/Location:				Address:					
Phone:									
Fax:							State:	Zip:	
Date Required:				:			Fax:		
*Attach additional sheet(s) if	needed.								
ITEM NUMBER	DESCRIPTION			QTY. (1)	U/M	AMT. (2)	ACCOUNT NUMBER	TOTAL (1 X 2)	
Fax Order to Vendor? □ Ye Prepayment Check with Ord  Justification:		No (attach docum		chmen	ts:		TOTAL: \$		
Justinication.				Vendo	r Quote Drawing		Source Just	Agreement Misc.	
Signatures:  Requisitioner:  Authorizing Signature (s):  —		ertify I Do Not Have a Co	Conflict of In			_	Date:		
For Purchasing Use Only: Budget: Travel Claims (if registratio Purchasing: Vendor Excluded?  Y N		Date	Return Reason		quisitione	er:	Date: _ Initials	5:	