

**Agricultural Communications Services
Purchasing Request Form**

Revised 11/13/2013

VENDOR

Name: _____

FRONT OFFICE USE ONLY

Requisition #: _____

Justification for purchase: _____

Address: _____

PO #: _____

City: _____ State: _____ Zip: _____

Procard doc #: _____

Contact: _____ Tel: _____ Fax: _____

AG COMMUNICATIONS COST CENTER

DATES

Name: _____ Tel: _____ Dept #: _____ Card #: _____ GL Code: _____

Today: _____ Needed: _____

81350/81350 FG € _____

Item # Description/Purpose Quantity Unit of Issue Unit Price Amount

| Item # | Description/Purpose | Quantity | Unit of Issue | Unit Price | Amount |
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SIGNATURES Name: _____ Date: _____

Employee _____
 Supervisor _____
 Director _____
 Credit Card Holder _____
 Procard Editor _____
