



**PROCUREMENT REQUISITION FOR SMALL PURCHASES  
PROFESSIONAL SERVICES UNDER \$ 15,000**

Requested By: \_\_\_\_\_ Department: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor Name : \_\_\_\_\_ Vendor # : \_\_\_\_\_

Name of Solicitation and Description:

Funding Source Type:

OPERATING FQA: 100 -- \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
Department Cost Center Account

OTHER : \_\_\_\_\_  
(Capital, Lease, CEA, Revenue, Etc.)

Solicitation Value : \$ \_\_\_\_\_

Does this project have any federal funding: Yes No

Attachment:

Informal Bid Quote Form Other

Scope of Service

Deputy Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For Procurement Use Only\*

Requisition#: \_\_\_\_\_