# SEMINOLE NATION OF OKLAHOMA
# REQUEST FOR PURCHASE

**(Form RQRQST-2)**

**REQUESTING PROGRAM:**

**DATE OF REQUEST:**

**VENDOR NAME:**

**VENDOR ADDRESS:**

| QUANTITY | DESCRIPTION/SERVICES | UNIT PRICE | EXTENDED AMOUNT |
|---|---|---|---|
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | | $ | $ 0.00 |
| | **TOTAL** | $ | $ 0.00 |

**Purpose and Use:**

**Account Number:** **Fund (  )-GL (  )-Dept (  )-Year (  )-Special Uses (  )-Center (  )**

**Requested By:** **Date:**

## DIRECTOR'S APPROVAL

***I have reviewed this expense and have verified that this is an allowable cost. I also verify that the funds are available for this item and that it is within the program budget.***

**Program Director/Administrator:** **Date:**

## OTHER AUTHORIZATIONS

**Procurement Officer:** **Date:**

**Controller:** **Date:**

**Chief/Assistant Chief ($1000 or Over):** **Date:**

Modified 4/25/2014 jsf