Purchase Requisition
Fluvanna County Offices
P.O. Box 540
Palmyra, Virginia 22963

Requisition Date: _____

☐ Contract on file?: Contract #: _____

Account to be charged: _____

Account to be charged: _____

Account to be charged: _____

Account to be charged: _____

Vendor Name: _____

Vendor Number: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Contact Name: _____

Department Contact: _____

Purchase Order Type: _____

If change order, provide original PO #: _____

Fiscal Year of PO: _____

Deliver To: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Terms: _____

Ship Via: _____

Requested Delivery Date: _____

Description	Part Number	Qty.	UoM	Unit Price	Amount	Object Code

Special Instructions/Comments:

Total:

Shipping Charge:

Grand Total:

☐ Mail PO to Vendor ☐ E-mail PO to Vendor

☐ Fax PO to Vendor

Return Purchase Order To:

_____

Approved By - Department Head

Where will the item(s) be used?

Briefly explain use:

General Instructions:

1. All purchase requisitions must be submitted to the Finance Department for approval and processing.
2. Any purchases exceeding $50,000 must have the Fluvanna County Board of Supervisors approval before purchase.