

**THE BOROUGH OF OAKMONT**

**PURCHASE REQUEST**

Supplier Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



DATE

P.O. NUMBER

DEPARTMENT

BILL TO

| QTY.             | ITEM NO. | DESCRIPTION | UNIT PRICE                     | TOTAL |
|------------------|----------|-------------|--------------------------------|-------|
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
|                  |          |             |                                |       |
| <b>Approved:</b> |          |             | <b>SHIPPING &amp; HANDLING</b> |       |
|                  |          |             | <b>TOTAL</b>                   |       |

\_\_\_\_\_  
L. C. Jensen, Borough Manager