

PURCHASING DEPT. TO FILL IN SHADED AREAS ONLY.



# BOSTON HOUSING AUTHORITY

- PURCHASE REQUISITION
- STOCK REQUISITION  
(THIS IS NOT A PURCHASE ORDER)

FUNDING	
<input type="checkbox"/>	OPERATIONS
<input type="checkbox"/>	PILOT
<input type="checkbox"/>	STABILIZATION
<input type="checkbox"/>	MODERNIZATION
<input type="checkbox"/>	OTHER

BUYER	REQUISITION NO.

MANAGER OR DEPT. HEAD USE  
LIMIT ITEMS ON EACH REQUISITION  
TO ONE CLASS OF MATERIAL.

DATE ISSUED	DATE MATERIAL REQUIRED	DEPT. DEV. NO.	DEPT. DEV. NAME	SHIPPING ADDRESS CONTACT
ISSUED TEL. EXT. DATE		APPROVED BY TEL. EXT. DATE	PURCHASE ORD. NO.	PROM. DEL. DATE

ITEM NO.	STOCK NO.	QTY ORDERED	UNIT	DESCRIPTION AND/OR SPECIFICATIONS	VENDOR PART NO.	EST UNIT COST	COST VEND#1	COST VEND#2	COST VEND#3	EXTENSION

FOR BUDGET USE ONLY:						DATE TO BUDGET	DATE RETURNED	TOTAL $\triangleright$
REVIEW AND APPROVAL <input type="checkbox"/>	REVIEW AND DISAPPROVAL <input type="checkbox"/>	BY: _____						

FOR PURCHASING DEPT. USE ONLY											
VENDOR #1				VENDOR #2				VENDOR #3			
CO. NAME											
ADDRESS											
CITY											
DEL'Y PROM.	VENDOR NO. _____				VENDOR NO. _____				VENDOR NO. _____		
TERMS	FOB: <input type="checkbox"/>	DEST <input type="checkbox"/>	SHIP PT <input type="checkbox"/>	FOB: <input type="checkbox"/>	DEST <input type="checkbox"/>	SHIP PT <input type="checkbox"/>	FOB: <input type="checkbox"/>	DEST <input type="checkbox"/>	SHIP PT <input type="checkbox"/>		

SUGGESTED VENDOR INFORMATION				TERMS: _____	FOB: <input type="checkbox"/>	DEST <input type="checkbox"/>	SHIP POINT <input type="checkbox"/>
VENDOR: _____				TERMS: _____	FOB: <input type="checkbox"/>	DEST <input type="checkbox"/>	SHIP POINT <input type="checkbox"/>
COMMENTS:							

**CERTIFICATION & APPROVAL OF PURCHASING AGENT**

The undersigned certifies that the bidders as listed above have been contacted for quotations on the attached purchase order.

\_\_\_\_\_ AUTHORIZED SIGNATURE