

# ERATH COUNTY PURCHASE REQUISITION

DEPARTMENT: \_\_\_\_\_ PERSON MAKING REQUEST: \_\_\_\_\_ DATE: \_\_\_\_\_

PURPOSE OF PURCHASE: \_\_\_\_\_

REQUESTED VENDOR FOR PURCHASE: (Check One) \_\_\_\_\_ VENDOR 1 \_\_\_\_\_ VENDOR 2 \_\_\_\_\_ VENDOR 3 \_\_\_\_\_ SOLE SOURCE / STATE CONTRACT VENDOR

DESCRIPTION	LINE ITEM ACCOUNT #	COST ESTIMATES			
		VENDOR 1	VENDOR 2	VENDOR 3	SOLE SOURCE / STATE CONTRACT VENDOR

**VENDOR 1**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_

**SOLE SOURCE / STATE CONTRACT VENDOR:**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_  
 DATE ACCEPTED AS SOLE SOURCE BY COURT: \_\_\_\_\_  
 STATE CONTRACT #: \_\_\_\_\_

**VENDOR 2**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_

**VENDOR 3**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 CONTACT NAME: \_\_\_\_\_

**BEFORE A PURCHASE ORDER MAY BE APPROVED:**

Purchases of \$1,000.00 up to \$4,999.99 must have this form completed with three telephone bids.

Purchases of \$5,000.00 up to \$9,999.99 must have this form completed and be accompanied by three written bids.

Purchases of \$10,000.00 or more must use the sealed bid process.

State Contract and Sole Source Vendor purchases must have this form completed with the state contract number or the date the vendor was accepted as a sole source vendor by Commissioner Court listed.

**OFFICE HOLDER APPROVAL:** \_\_\_\_\_

**COUNTY JUDGE APPROVAL:** \_\_\_\_\_