



# Okolona Fire Protection District Purchase Request Form

From:

Date:

Item(s) Requested:

Date item is needed:

Please Suggest three (3) Vendors:

- |         |      |
|---------|------|
| 1. Name | Cost |
| 2. Name | Cost |
| 3. Name | Cost |

Please explain the need for this purchase:

Request is:

PO Number is:

Vendor is:

Purchasing Officer/Chief

Date:

## Fire Chief Approval

Request is:

or

Fire Chief