[MS-0234.001-012.001]

UNITED WAY OF SAN DIEGO COUNTY

PURCHASE REQUISITION

No. _____

Confirmation ☐
To Be Ordered ☐

BUDGET CLEARANCE

BUDGET CATEGORY	BALANCE
_____	_____
This Request	_____
New Balance	_____

Approval of Available Funds

VENDOR _____

_____
Street

_____
City State Zip

Date of Request _____ Date Needed _____ Date Received _____

Quantity	Description	Purpose or Account Title	Fund	Acct. No.	Function A	Function B	Cost Center	Price Unit	Price Total
	Grand Total								

DEPARTMENT APPROVAL

_____
Requested By

_____
Department Approval

ADMINISTRATIVE APPROVAL

_____
Executive Director or Senior Associate Exec. Director

_____
Controller

UNITED WAY OF SAN DIEGO COUNTY

TRANSMITTAL MEMO

TO: _____

FROM: _____ Date Of Transmittal _____

Please handle the following as described below: Deposit _____

Invoice or other Supportive Document: _____

Description	Purpose or Account Title	Fund	Acct No	Division A	Function B	Cost Center	Amount
		1	6211	999	000	909	

DEPARTMENT APPROVAL _____