TOWN OF RED SPRINGS
REQUISITION

TO: _____
_____
_____
_____

DATE:_____
DATE REQUIRED:_____
SHIP VIA:_____
F.O.B.:_____
FAX#:_____
SHIP TO:_____
_____
_____

BEG. BUDGET AMOUNT:_____
LESS ENCUMB TO DATE:_____
END BUDGET AMOUNT:_____

Dept. Code	# of Units	Description	Unit Price	Total Price

I certify that the articles and/or services itemized above are necessary, and that funds are available in the budget code from which this purchase is authorized.

_____ _____
DEPARTMENT HEAD DIRECTOR OF FINANCE

_____ _____
TOWN MANAGER DATE