

## Purchasing Department Confirming Requisition Justification Form

			Date:
To:	, Pu	rchasing Manage	er
From:			
Nan	me T	ïtle	Dept./School Name
Vendor Name:			<u></u>
Requisition #:			
Amount:			
Project Title/Description:			
Board Policy and State Bo Confirming Order and an a			lease submit justification for this
Administrator Name (Print	ted)		Title:
Administrator Signature			Date: