

Purchase Requisition

FLORIDA STATE COURTS SYSTEM

To: _____

Date: _____

Vendor Name, Address, and Phone Number _____

Federal ID # _____

Deliver To: _____

Type of Purchase	
<input type="checkbox"/>	Non-Bid Item(s)
<input type="checkbox"/>	Bid/Quote Item(s) (Attach three bids/quotes received) <small>State \$2,500 to \$34,999, Citrus exceeds \$5,000 Hernando exceeds \$2,500, Lake exceeds \$1,000, Marion exceeds \$2,500.01 to \$5,000, and Sumter exceeds \$1,000</small>
<input type="checkbox"/>	Emergency Purchase Authorized by Chief Justice/Judge _____
<input type="checkbox"/>	Sole Source/Exceptional Purchase Authorized by Chief Justice/Judge _____
<input type="checkbox"/>	State Contract _____
<input type="checkbox"/>	SNAPS _____
<input type="checkbox"/>	GSA _____

Quantity	Unit	Description of Article or Service	Estimated Cost	
			Unit	Total
TOTAL:				

Required Delivery _____

Purchasing Card *Accepted / Preferred*

Court/Division Requesting _____

Originated By:

Signature _____ Title _____

Authorized Approval

I hereby approve the purchase of the article(s) and/or services described above and certify that there are sufficient unencumbered funds available for this purchase.

Signature _____ Title _____

Accounting Data

SAMAS Org Code (required)	Object Code (required)	Category (required)	SAMAS Account Code	Available Balance Amount