

REQUISITION APPROVAL CITY MANAGER LEVEL

CITY OF SAN ANGELO, TEXAS
PURCHASING DIVISION



E-mail completed form with supporting documentation (Contracts, Council Minutes, Previous Requisitions) to sapurch@cosatx.us

Requisition Number	Amount
Vendor	Vendor Number
RFx Number <i>OPTIONAL</i>	Co-op and Number <i>OPTIONAL</i>

Explanation of Purchase

Authorized Expenditure Yes No

Approved by City Council (over \$50,000) Yes No

If Yes, date approved (MM/DD/YY): _____ + Attach a Copy of the Council Minutes

Sufficient Budget Yes No

Insufficient Override Yes No

If insufficient, identify funding source

Budget Amendment in Progress Yes No

SIGNATURES

Requestor _____ Date _____

Director _____ Date _____

Purchasing Manager* _____ Date _____

Finance Director* _____ Date _____

City Manager _____ Date _____

*Required on all purchases exceeding \$25,000

Must be submitted to CMO with all signatures

FOR OFFICE USE ONLY

PO Number: _____