

**CITY OF MARIANNA  
PURCHASE ORDER REQUEST**

Date Submitted: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Department: \_\_\_\_\_

Division: \_\_\_\_\_

Account Description: \_\_\_\_\_

Number: \_\_\_\_\_

Quantity	Item Description	Price	Total

**Three Quotes When Applicable:**

**Vendor Information**

Company Name	Price Quote
1: _____	\$: _____
2: _____	\$: _____
3: _____	\$: _____

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Department Head:** \_\_\_\_\_ **Date:** \_\_\_\_\_