

# AMERICAN LEGION – DEPARTMENT OF IOWA

## REQUEST FOR PURCHASE

Vendor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ST Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

*Instructions: Please provide detailed information for all requests. Include the items or service requested and the reason for the request. Include program name and/or commission or committee if appropriate.*

Item or service requested and reason for request:	Unit Cost	Quantity	Total

**Purchase amount:** \$

## PURCHASE ORDER AUTHORIZATION

Operating Budget – Business Manager      **PO Number:** \_\_\_\_\_  
 Other – Department Adjutant      Account Number: \_\_\_\_\_  
 Approved       Disapproved      Vendor Number: \_\_\_\_\_

\_\_\_\_\_  
Signature / Date