lifecenter
PO Box 957
Centralia, WA 98531
360.736.5898 Phone

Purchase Request

Purchaser Information

Name _____ Today's Date _____

Department _____ Date Needed _____

Description of Use _____

Vendor (Payee) Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Qty	Units	Description	Account Code	Unit Price	Total
				Sub Total	
				Shipping & Handling	
				Taxes	
				TOTAL	

Payment Details

☐ Check # _____

☐ Account # _____

☐ From regular department budget

☐ I'll be purchasing to be reimbursed (fill out reimbursement form after purchase is complete)

Shipping Information & Notes

Date _____ Notes/ Remarks:

Order # _____

Sales Rep _____

Ship Via _____

Approved By:

Team Leader Signature _____ Date _____