



CITY OF MERIDIAN

Purchasing Department
33 E BROADWAY AVE, STE 106
MERIDIAN, ID 83642
TEL: (208) 489-0417
FAX: (208) 887-4813

SHIP TO
CITY OF MERIDIAN
Public Works

SUGGESTED
VENDOR

Brown & Caldwell
PO Box 45208
San Francisco, CA 94145

Purchase Requisition

DATE OF
REQUEST

10.18.24

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES. PACKING
SLIPS, CARTONS AND CORRESPONDENCE RELATED TO THIS ORDER

AVAILABLE BUDGET AMOUNT

\$5,000,000.00

IS BUDGET AMENDMENT REQUIRED?

NO

CITY SUPPORT TICKET NO.

PROJECT MANAGER

David Briggs

PAYMENT TERMS

NET 30

FREIGHT TERMS

PREPAID

F.O.B.

DESTINATION

REQUESTOR

David Briggs

PROJECT NAME: WRRF Biosolids Dryer_Services During Construction

Description of Purchase

PART NUMBER / DESCRIPTION / COMMITMENT NAME /
TASK ORDER / CONTRACT / PROJECT DESCRIPTION

WRRF Biosolids Dryer_Services During Construction

Quantity and Pricing

QTY

UNIT

UNIT PRICE

FUND

DEPT
CODE

EXPENSE OR
GL ACCOUNT #

PROJECT /
COMMITMENT #

TOTAL AMOUNT

1

\$ 613,200.00

61

3590

96153

5040.0200.a

\$ 613,200.00

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

NOTES: Council Approval Date:

\$613,200.00

AUTHORIZED DEPARTMENT SIGNATURE

How to fill out the Purchase Requisition.

Fill in the **SHIP TO DEPARTMENT NAME**.

This is the name of the requesting department and where the product will be shipped

If the Ship To location is somewhere other than the department location, please enter that address in the lines below the department name and highlight it.

Fill in the **DATE OF REQUEST** located in the box on the right hand side of the form.

Fill in the amount of budget available for this commitment.

Is a budget amendment required to fund this request? Answer **YES** or **NO**.

Enter the name of the **SUGGESTED VENDOR**.

Please check with FINANCE to verify that the City of Meridian has the vendor set up as an account.

If the vendor is not set up, request that a W-9 form be submitted to FINANCE before placing the order.

If PURCHASING receives this Purchase Requisition and the vendor is not set up, an order processing delay occurs

If vendor will be determined by procurement process, enter "TBD"

CITY SUPPORT (JITBIT) TICKET NO is entered by purchasing staff.

Enter the **PROJECT NAME, TASK ORDER NAME AND NUMBER** and/or **PROJECT/COMMITMENT NUMBER**

Enter the name of the **PROJECT MANAGER** and **REQUESTOR**.

Under "PART NUMBER / DESCRIPTION / COMMITMENT NAME / TASK ORDER / CONTRACT / PROJECT DESCRIPTION

Enter the **COMMITMENT NAME, TASK ORDER** or **PROJECT DESCRIPTION**, Part Number or Description of Item being purchased

If you have more than one item, enter each on a separate line.

Enter the **QUANTITY** for each line item.

Enter the **UNIT** and **UNIT PRICE** for each line item. (Task orders and contracts should be listed as QTY 1 and UNIT EA. Unit price and total will be equal.)

ACCOUNTING CODES

Enter the **FUND** that you want the expense to impact

1) The **FUND** number will be either:

(a) 01, 07, 08, 20, 55, or 60 depending on what FUND the budget is in

Enter the **DEPARTMENT CODE** you want the expense to impact

1) The **DEPARTMENT CODE** is a 4 digit number that corresponds to your department

Enter the **GL ACCOUNT NUMBER** (Expense Account) for each item.

1) The **GL ACCOUNT NUMBER** (Expense Account) is the 5 digit number where the budgets are located

Enter the **PROJECT CODE / COMMITMENT #** you want the expense to impact

1) The **PROJECT CODE / COMMITMENT** is an alpha numeric code that identifies a specific project or commitment to charge all expenses to

INFORMATION ONLY

The **FUND, DEPARTMENT CODE, GL ACCOUNT NUMBER, AND PROJECT CODE** make up the accounting code for your request.

The accounting code will hold the budget dollars and actual expenses for your PO request.

Accuracy is important as the resulting PO encumbers this accounting code (budget line item).

Not all requests will have a project number. Call Purchasing if you are unsure.

This form will automatically total your request.

In the **NOTES** field add any information that you feel is significant.

AUTHORIZED DEPARTMENT SIGNATURE

Each department has a list of employees and amounts that they are authorized to sign for.

Please make sure that the authorized department personnel signs the form.

