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
Dept Name

Purchase Requisition

DATE OF REQUEST	10/1/2026

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

AVAILABLE BUDGET AMOUNT
$433,154.00

IS BUDGET AMENDMENT REQUIRED?
no

SUGGESTED VENDOR: Lawn Co Maintenance

CITY SUPPORT TICKET NO.

PROJECT MANAGER		PAYMENT TERMS	FREIGHT TERMS	F.O.B.	REQUESTOR
David Buchinskiy		NET 30	PREPAID	DESTINATION	David Buchinskiy

PROJECT NAME: Landscape Maintenance Parks FY2027

Description of Purchase	Quantity and Pricing			ACCOUNTING CODES				
PART NUMBER / DESCRIPTION / COMMITMENT NAME / TASK ORDER / CONTRACT / PROJECT DESCRIPTION	QTY	UNIT	UNIT PRICE	FUND	DEPT CODE	EXPENSE OR GL ACCOUNT #	PROJECT / COMMITMENT #	TOTAL AMOUNT
Contract 10151.d - PKS	1		$ -	1	5210	55704		$ 352,199.68
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -
								$ -

NOTES: Council Approval Date: 10/1/2026

$352,199.68

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 (if one has been created)**

Enter the name of the **PROJECT MANAGER / 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 PRIC**E 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, 62, 65 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 Procurement if you are unsure.

This form will automatically total your request.

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

PRINT AND SUBMIT ONLY PAGE 1 (NOT THESE INSTRUCTIONS)

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

Under "PART NUMBER / DESCRIPTION / COMMITMENT NAME / TASK ORDER / CONTRACT / PROJECT DESCRIPTI
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AUTHORIZED DEPARTMENT SIGNATURE *You may remove the highlight in the signature boxes. It makes*
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.
The completed and signed form must be submitted to Purchasing, along with the required support documents v
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