

Purchase Requisition

Vendor name:		Requested by:	Requested by:				
Vendor address:	s:			Date:	Date:		
Elected official to	ravel location:						
Item #	Quanitity	Descriptio	n	Unit Price	Total	Budget Code	
			-				
	Check Re	quest or Credit Card Only:					
Date needed:				Department head approval Date			
Payable to:							
Payee address:				-			
Credit card #:				Town manager approval over \$5,000 Date			
Credit card usage:							
				Governing body ap	oproval over \$40,000	Date	
	This instrument has been preaudited in the manner required by the Local Gov and Fiscal Control Act, NC GS 159-28(1):			I have received and read a copy of the current Town of North Topsail Beach Credit Privilege Policy, and I understand and agree to its conditions:			
	Finance officer certificatio	n	Date	Elected official tra	vel authorization	Date	