SMG Purchase Requisition

Account No	Cost Center	Event Number
	For Accounting Use	Only

Building:	DOME				Da	te Requested:	07/26/17			
Requestor's Name:	Tommy Burgess			_		When Needed:	7/26/2017			
Requestor's Dept:	Electrical				☐ Cust	tomer Pick Up	V	Delivery		
Hom Number		lkam av Ca	ndaa Daaasinti	on (Detailed to Spec)	Oversity	Unit of Measure	Drice	Fishe		
Item Number	power cu			on (Detailed to Spec)	Quantity		Price		nsion	
z-hlg-240-12 power supply-z-hlg-240-12 10 ft led power strip lights					20	EA EA		\$	-	
	10 It led p	ower strip lig	gnis		160	EA			-	
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Purpose or use:	-		Saints prep		_		Total	\$	-	
Reason:			76040 Ele		_					
Special Instructions: Capital Project #			Need ASAP t	o do signs	_	OPDER	PLACED BY	Date O	rdorod	
Capital 1 Toject #				-		ONDEN	T LAGED DI	Date 0	rucreu	
Potential Vendor Name				-						
Is your company registered as a Disadvantaged Business Enterprise vendor? If YES, please provide your DBE Certification # in the space provided.			YES NO							
DBE Certification #				-						
				-						
				-						
for				-						
fax				-						
Phone				-						
Email address						Equity I	iaison Officer	Da	ite	
P.O./Contract number	assigned:	Approval:	Chuck Bou	rg						
			Manager	•	Signature			D	ate	
		Approval:	Brian Broca	ato	Signature			D	ate	
		David Weig		O'ma i						
			Director of Final		Signature			D	ate	
		Approval:	Alan Freen General Mgr	*Combined total over \$5,000.00	Signature			D	ate	
		Approval:	Doug Thor		-					
		F F	Regional VP	*Projects with Combined Total Over \$5,000 *All LSED Administrative Expenses	Signature			D	ate	
		Approval:	Kyle Franc	·						
		Approvat:	LSED Board Ch		Signature			D	ate	