SMG Purchase Requisition

Account No	Cost Center	Event Number
	For Accounting Us	e Only

Building:	DOME	<u> </u>	Dat	e Requestea:		06/02/17	
Requestor's Name:	Matt Boyd		,	When Needed:			
Requestor's Dept:	Production			omer Pick Up		Delivery	
<u> </u>			-				
Item Number	Item or Se	rvice Description (Detailed to Spec)	Quantity	Unit of Measure	Price	Exter	nsion
		ok 13.5 Core 17 6600U 16GB RAM	1	EA		\$	_
						\$	_
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	_
						\$	_
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Purpose or use:	Repla	cement of Broken Inventory	_		Total	\$	-
Reason:	Replace Bro	oken inventory	_				
Special Instructions:		Computer R & M	_				
	as a Disadvantaged Business B vide your DBE Certification # in						
ddress							
City, State, and Zip Code							
ax							
Phone							
mail address				Equity Li	aison Officer	Da	te
P.O./Contract number a	assigned: Approval:						
		Manager	Signature			Da	te
	Approval:	Department Head	Signature			Da	ite
Purchasing to comple	te) Approval:	David Weidler Director of Finance	Signature			Da	ite
	Approval:	Alan Freeman General Mgr *Combined total over \$5,000.00	Signature			Da	ıte
	Approval:	Doug Thornton Regional VP *Projects with Combined Total Over \$5,000	Signature			Da	ite
	_	*All LSED Administrative Expenses					
	Approval:	Kyle France LSED Board Chairman	Cianatur-			Da	
		LOLD Doard Chairmall	Signature			Da	