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| ***SUGAR ISLAND TOWNSHIP*** | **PURCHASE REQUEST** |
| 6401 E. 1 1/2 MILE ROAD |
| SAULT STE. MARIE, MI 49783 |  | DATE OF REQUEST |   |
| PHONE: (906) 253-9353 |  | PO# |   |
| EMAIL: SITOWNSHIPCLERK@GMAIL.COM |  |  |
|  |  |  |
| **PROPOSED VENDOR** |  | **SHIP TO** |
| Company Name |   |  | Name |   |
| Contact |   |  | Street Address |   |
| Address |   |  | City, State, Zip |   |
| City, State, Zip |   |  | Phone |   |
| Phone |   |  |  |
| Fax |   |  |
| **REQUESTING OFFICIAL** |   | **DEPARTMENT** |  | **ACCOUNT** |
|   |  |   |  |   |
| **ITEM #** | **DESCRIPTION** |  | **QUANTITY** | **UNIT PRICE** | **TOTAL**  |
|   |   |   |   |   |
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|  |  |  | SUBTOTAL |   |
| Additional Comments: |  | TAX |   |
| SHIPPING |   |
|  | OTHER |   |
|  |   |   |
|  | TOTAL |   |
|  |  |  |  |  |  |
| **BOARD PURCHASING AGENT** | **ARE FUNDS CURRENTLY AVAILABLE IN THE IDENTIFIED ACCOUNT?** |   | **WAS REQUEST APPROVED BY AGENT?**  |   | **DOES PURCHASE REQUIRE BOARD APPROVAL?** |
|   | YES OR NO |  | YES OR NO |  | YES OR NO |
|  |  |  |  |  |  |
| *If you have any questions about this request or how to use this form, please contact the Township Clerk, Treasurer or Supervisor.* |
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