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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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