



San Bernardino Valley  
 Municipal Water District  
 380 East Vanderbilt Way  
 San Bernardino, CA 92408  
 Ph: (909) 387-9211 Fax: (909) 387-9247

# Purchase Request/Purchase Order

**Requested By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

**Project #:** \_\_\_\_\_

**Date Needed By:** \_\_\_\_\_

- Check needed  
 P.O. number needed

**PO #:** \_\_\_\_\_

**SHIP TO** Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact: \_\_\_\_\_

**BILL TO** Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact: \_\_\_\_\_

## PRODUCTS/SERVICES

Quantity	Item	Description	Unit Price (xxx.xx)	Total

**Budget Expense Category:** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Subtotal	
Tax	
S/H or other	
Total	

## VENDOR INFORMATION

**Proposed Vendor** \_\_\_\_\_  **New Vendor** (If new, fill out vendor info below)  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact name: \_\_\_\_\_ Tel: \_\_\_\_\_ FAX: \_\_\_\_\_

### Product/Service Quotes

Vendor	Contact Name	Phone Number	Quote Amount

## PURPOSE/JUSTIFICATION OF NEED

*The undersigned certifies that the purchases requested/ordered herein are for supplies, services or items authorized for approved District activities.*

\_\_\_\_\_  
 Requested by Date

**Approved:**

\_\_\_\_\_  
 General Manager Date