

PURCHASING REQUISITION FORM

Purchase Level	Procurement Requirement				
under \$5,000	No comparison pricing or PO required. Pcard use is encouraged.				
\$5,000-10,000	Requires 3 verbal quotes to be documented on page 2.				
\$10,000-25,000	Requires 3 written letterhead quotes to be documented on page 2.				
over \$25,000	Contact Purchasing Coordinator (262-636-3700) regarding formal bid process.				

DEPT:		FISCAL YEAR:				DATE:			
VENDOR NAME:				VENDOR #:		ADDRESS #:			
				(NEW = new)	endor to be	e added; leave blank if unknown)			
VE	NDOR ADDRESS:								
VENDOR EMAIL:									
SHIP TO ADDRESS IF OTHER THAN DEPT LISTED ABOVE:									
PREPARED BY:				PREPARER PHONE #:					
PREPARER EMAIL:									
DESCRIPTION:									
NO	TES TO BE PRINTED ON THE	PO:							
(Inc	clude information applicable t	o purchase	– guote numl	per and date, sh	ipping info	rmation, term of procurement			
suc	ch as for maintenance agreemer	nts 6/20/16 to	o 6/19/17, if m	aintenance agre	ement ad	ld when original procurement			
	completed and original PO/Contract number, down payment due at time of order, sole source vendor, emergency procurement, budget authorization or resolution #, I.S. related purchase which needs review and approval by I.S.								
Director. I.S. review – and add supporting information into the attachment.)									
PRICING: (Freight should be listed separately.)									
Quantity	Mfg/Article Number			Unit	Price	Extended Price			
				TOI	AL:	\$			
					AL.	D			
ACCOUNT	NUMBER: accounts, please include splits in	dotail)							
(ii munipie d	accounts, piease include spins in	i detaii)							
AUTHORIZED BY:			AUTHORIZOR PHONE #:						
Purchasin	g Use only:								
Date Entered:		Entered By:		P.O. #:					
			I						

Procurement rules are in Section 7 of the Racine County Ordinances. Please inquire with Finance at 262-636-3706 regarding Pcard use and issuance.



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Is this purchase greater than \$5,000 but less than or equal to \$10,000? (Sec. 7-260(4)) Yes, No. If this purchase fits this category, you are required to get telephone quotes from a minimum of three vendors. Please list them below. **Date Vendor Name Total Price\$** Is this purchase greater than \$10,000 but less than or equal to \$25,000? (Sec.7-260(5)) Yes, No. If this purchase fits in this category you must request (3) three written letterhead quotations from vendors. Results and copies of their quotes should be attached to this form and indicated below. **Vendor Name Total Price\$ Date** All purchases in excess of \$25,000 must follow the formal bid procedures specified within the Racine County Procurement Ordinance (Sec. 7-261). Was contact made with at least one certified minority-owned business in Racine County? Yes, No. If no, please give an explanation. Certified MBE's (Minority Business Enterprise) can be viewed at: https://wisdp.wi.gov/Search.aspx I certify the above quotes have been received by me. Date Signature