



# PURCHASE REQUEST

*Department of Fire and Rescue Services  
Howard County, Maryland*



**A**

REQUESTED BY	APPROVAL SIGNATURES	DATE
Date _____	Station OIC _____	
Name _____	Co. Captain _____	
Station _____	Battalion CF Vol. Chief Officer _____	
Bureau _____	Bureau CF Vol. Chief/President _____	
	Deputy Chief _____	

**B**

TYPE of PURCHASE (X)	VENDOR INFORMATION	
<input type="checkbox"/> Firefighting Equipment	Name: _____	
<input type="checkbox"/> Janitorial Supplies	Address: _____	
<input type="checkbox"/> Office Supplies	City: _____	State: _____ ZIP: _____
<input type="checkbox"/> Medical Supplies	Phone: _____	Website: _____
<input type="checkbox"/> Data Processing Equipment	Fax: _____	E-Mail: _____
<input type="checkbox"/> Food Purchases		
<input type="checkbox"/> Other (Specify): _____		

**C**

<b>Business Area</b> _____	<b>GL</b> _____
<b>Grant #</b> _____	<b>AEL Code</b> _____
<b>Sam.gov Verified?</b>	<b>No</b> <b>Yes</b> If yes, please attach proof.

**D**

QTY	ITEM DESCRIPTION/JUSTIFICATION	PRICE EA.	PRICE
<b>TOTAL</b>			