

PURCHASING REVIEW REQUEST

TO: COUNTY ADMINISTRATOR'S OFFICE DATE: _____

FROM: _____ DEPT: _____

CONTACT/EXTENSION: _____

PROJECT/REFERENCE (NAME YOU CALL IT):

DESCRIPTION OF ASSIGNMENT: (ATTACH ADDITIONAL PAGES IF NECESSARY)

SUPPORTING DOCUMENTS (PLEASE ATTACH):

DEPARTMENT: _____

SCHEDULED FOR BOARD OF SUPERVISORS, PLANNING COMMISSION OR OTHER MEETING?

YES DATE: _____

NO

DATE NEEDED: _____ (A.S.A.P IS NOT ACCEPTABLE, NEED AN ACTUAL DATE. - TWO WEEKS, IF LESS, DEPT. HEAD SIGNATURE REQUIRED _____)

(FOR COUNTY ADMINISTRATION USE ONLY)

INITIALS OF ASSIGNED STAFF: _____

ASSIGNMENT NOTES:

TRACKING NUMBER: _____

DATE COMPLETED: ____/____/____

FINAL TO DEPT: ____/____/____

<u>DATE RECEIVED</u>
