1112 High Street
Phone: 781-326-2473

P.O. Box 186
email: tec@tec-coop.org

Dedham, MA 02027
Finance fax: 781-251-0692

# PURCHASE REQUISITION

**VENDOR:**

_____

_____

_____

_____

☐ check if new vendor

**SHIP TO**:

_____

_____

_____

_____

**DATE:** _____

**REQUESTED BY**: _____

**PROGRAM NAME**: _____

**PROGRAM #**: _____

**G/L**: _____

**PURCHASE ORDER #**: _____

| Item No. | Quantity | Description | Unit Price | Extended Amount |
|---|---|---|---|---|
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| | |
|---|---|
| **Sub Total** | |
| **Shipping** | |
| **Grand Total** | |

Program Director: _____ Date: _____

Program Administrator: _____ Date: _____

Administrator of Finance & Operations: _____ Date: _____