

PURCHASE REQUEST

FRIENDS WEEKI WACHEE SPRINGS STATE PARK
 P.O. Box 5346
 Weeki Wachee, FL 34611



DATE: _____

PR#: _____

REFER TO BOARD POLICIES AND PROCEDURES RELATIVE TO BOARD PURCHASES

PERSON REQUESTING: _____

PARK MANAGER SIGNATURE: _____

VENDOR INFORMATION

VENDOR: _____

ADDRESS: _____

Phone Number: _____

SHIPTO:

Friends - Weeki Wachee Springs State Park
 6131 Commercial Way
 Weeki Wachee, FL 34606-1121

Item	Description	Quantity	Unit Price	Amount
COMMENTS: (USAGE AND REQUIREMENT) 			Sub-Total	
			Grand Total	

APPROVED DISAPPROVED DATE: _____ FWW PRESIDENT SIGNATURE _____

RATIFIED VIA EMAIL VOTE on MEETING DATE: _____

PURCHASE DOES NOT REQUIRE BOARD APPROVAL

*SUBMIT THIS FORM WITH 3 QUOTES TO PRESIDENT OF FRIENDS OF WEEKI WACHEE

*IF APPROVED, YOU WILL RECEIVE A COPY OF THIS INVOICE WITH THE ATTACHED QUOTES

*THE ORIGINAL RECEIPT MUST BE ATTACHED TO YOUR COPY OF THIS FORM AND GIVEN TO THE SECRETARY AFTER PURCHASE

*IF ADDITIONAL SPACE IS NEEDED FOR DESCRIPTION, PLEASE USE THE BACK OF THIS FORM OR ATTACH A SEPARATE PAGE