

**Purchase Request Form
Town of Atlantic Beach
PO Box 10
Atlantic Beach, NC 28512**

Suppliers
Name: _____
(new vendors require a W-9 attached)
Address: _____

Date: _____
Department: _____
Account # (s): _____

| Qty | Description | Price | Amount |
|-----|-------------|-------|--------|
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| | | | \$ - |

Total of Purchase:

| |
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| \$ - |
|------|

*****DO NOT INCLUDE SALES TAX*****

Is this item being: (choose one of the following)
Delivered: _____
Picked Up: _____

Justification:

| |
|--|
| |
| |

Requested by: _____
Dept. Head Approval: _____
Finance Officer Approval: _____

Date: _____
Date: _____
Date: _____

Purchase Order# _____