

PURCHASE REQUEST FORM

Request Number: _____ Department: _____

Requestor Information:

Full Name: _____

Employee ID: _____

Email Address: _____

Phone Number: _____

Vendor Information:

Vendor Name: _____

Contact Person: _____

Vendor Phone/Email: _____

Item(s) Requested:

Item Description	Quantity	Unit Price (CAD)	Total Price (CAD)

Justification for Purchase:

Budget Information:

Budget Code / Account Number: _____

Available Budget (CAD): _____

Authorization:

Approved By (Name and Title): _____

Signature: _____ Date: _____

Terms and Conditions:

1. The Requestor certifies that the items requested are necessary for the operations and within budgetary limits. 2. All procurement will comply with applicable Canadian federal and provincial laws, regulations, and internal policies. 3. Vendor selection must be fair, transparent, and based on best value, considering price, quality, and delivery time. 4. The Purchase Request is subject to approval by authorized personnel prior to processing. 5. Any false information or misuse of this form may result in disciplinary action, including termination and legal consequences. 6. This form and any attached documents constitute a legally binding agreement upon approval. 7. The organization reserves the right to reject any Purchase Request that does not comply with internal policies or legal requirements.

REQUESTOR'S SIGNATURE

AUTHORIZER'S SIGNATURE

Signature: _____

Signature: _____

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