

APPENDIX 3A  
GENERAL REQUISITION

**GENERAL REQUISITION (Must Complete Prior to purchase)**  
**NEW KENT COUNTY BOARD OF SUPERVISORS**  
**P. O. BOX 150**  
**NEW KENT, VIRGINIA 23124**

Date: \_\_\_\_\_ Bill to: \_\_\_\_\_

Department: \_\_\_\_\_

Line Item Number: \_\_\_\_\_

VENDOR 1 \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** \_\_\_\_\_

**MAIL CHECK TO THIS ADDRESS:** \_\_\_\_\_

Vendor's Phone Number: \_\_\_\_\_

Vendor's Fax Number: \_\_\_\_\_

\$2,000-\$20,000  
3 Telephone Quotes

\$20,001-\$50,000  
4 Written Quotes-Attached

More than \$50,000  
Requires Formal Bid

VENDOR 2 \_\_\_\_\_

VENDOR 3 \_\_\_\_\_

VENDOR 4 \_\_\_\_\_

DESCRIPTION OF ITEM ORDERED	CATALOG NUMBER	QUANTITY	UNIT OF MEASURE	UNIT PRICE	TOTAL VENDOR 1	TOTAL VENDOR 2	TOTAL VENDOR 3	TOTAL VENDOR 4
ESTIMATED SHIPPING CHARGES								
<b>Total Cost</b>								

**Specific date needed:** \_\_\_\_\_

**Where will item (s) be used:** \_\_\_\_\_

**Briefly Explain Use:** \_\_\_\_\_

**Vendor#1:** \_\_\_\_\_

**Vendor#2:** \_\_\_\_\_

**Vendor#3:** \_\_\_\_\_

**Vendor#4:** \_\_\_\_\_

**Date of Quote:** \_\_\_\_\_

**Date of Quote:** \_\_\_\_\_

**Date of Quote:** \_\_\_\_\_

**Date of Quote:** \_\_\_\_\_

**Quote Expiration:** \_\_\_\_\_

**Quote Expiration:** \_\_\_\_\_

**Quote Expiration:** \_\_\_\_\_

**Quote Expiration:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**New Kent County:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_

(Constitutional Officer/Dept. Head)

**Return Approved Purchase Order to:** \_\_\_\_\_