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| FORM  A15-A  **(DRAFT 6/06)** | |  | | STATE OF WASHINGTON  PURCHASE REQUISITION | | | | SUBMIT TO: | | DEPARTMENT OF GENERAL ADMINISTRATION  OFFICE OF STATE PROCUREMENT  Room 201, General Administration Building  PO Box 41017  Olympia, Washington 98504-1017 | | | | | | | | | | | |
| ORDERING AGENCY NAME: | | | | | AGENCY NO. | LOCATION | MAIL STOP | | DATE ORDERED  MO DAY YR | | | DATE NEEDED  MO DAY YR | | | | REQUISITION NO. | | | | | |
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|  | | | | | CONTACT PERSON | | | | EMAIL ADDRESS | | | | | PHONE NUMBER | | | | | | |
| SHIP GOODS TO: | | | | | AGENCY  NO. | LOCATION | MAIL  STOP | | MAIL INVOICES TO: | | | | | COPIES  REQD. | | | AGENCY  NO. | LOCATION | | MAIL  STOP | |
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| **REQ.**  **ITEM NO.** | **COMMODITY**  **CODE** | | **DESCRIPTION** | | | | | | | | **QUANTITY** | | **UNIT** | | **ESTIMATED** | | | | | | |
|  |  | |  | | | | | | | |  | |  | | **UNIT PRICE** | | | | **TOTAL COST** | | |
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| IDENTIFY PREVIOUS  REQUISITIONS FOR  ITEMS ABOVE | | | | | | NAME OF AUTHORIZING OFFICIAL | | | | | | | | | | | I hereby certify that the goods or services requested  are necessary for the work and transaction of  business of this agency  (SIGNATURE) | | | | | |
|  | | | | | | (Type or Print) | | | | |  | | | | | |  | | | | | |
| 1. DATE/REQ. NO. | | | | | | TITLE | | |  | | | | | | | |  | | | | | |
| DOC DATE | | | PMT DUE DATE | | | | CUR DOC. NO. | | | | | REF DOC NO. | | VENDOR NO | | VENDOR MESSAGE | | | | USE TAX | UBI NUMBER | |
| REF  DOC  SUF | TRANS  CODE | M  O  D | FUND | APPN  INDEX | PROGRAM  INDEX | | SUB  OBJ | SUB  SUB  OBJ | | ORG  INDEX | | WORKCLASS  ALLOC | COUNTY  BUDGET  UNIT | CITY/TOWN  ORG  INDEX | PROJECT | SUB  PROJ | | PROJ  PHASE | PROJ | AMOUNT | | INVOICE NUMBER |
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