



Internal Purchase Request (IPR)

To expedite the purchasing process, please accurately complete the form except the areas labeled **ASD Only** and obtain Manager's Signature. Once the form is completed and signed submit the form to the Administrative Services Division's Director for budget approval. Budget approval is required prior to purchase. Be sure to attach quote(s) and, if applicable, the first page of the Statewide Price Agreement or a copy of the contract.

Requester	Name: _____	Approval	Manager's Signature: _____
	Division: _____		Title: _____
	Date: _____		Date: _____
	Shipping Address: _____		

Budget Approval (ASD Only)	Department: _____	Reporting Category: _____	
	Fund: _____	Origin: _____	
	Approval By: _____	Date: _____	Supplier SHARE ID: _____
	Procurement Card Purchase: _____	Purchase Order: _____	Operating Transfer: _____

Items Requested

Supplier Name: _____	Provide if Applicable: Statewide Price Agreement Number: _____
	Contract Number: _____
	Exemption Code: _____

Line	Account Code (ASD Only)	Quantity	Unit (ea/pk)	Description and Item Number	Unit Cost	Total Cost
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19				Total From Additional IPR Pages (If Applicable)		
20				Freight/Shipping		
21				Fuel Surcharges		
22				Tax		
23					Total	