Maryland State Department of Education

Division of Rehabilitation Services

Internal Requisition

Requester: _____ **FMIS #:** _____

Department Code: _____ **Ship To Code:** _____

BPO #/Contract #: _____ **Bill To Code:** _____

Delivery Required by: _____

_____ **Date Prepared:** _____

Approval Signature

Quantity	U/M	Page #	Description	Unit Cost	Total
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
			TOTAL		0.00

Notes & Comments:

_____

_____

_____

_____

_____

Suggested Vendors:

1	2	3
Name: _____	**Name:** _____	**Name:** _____
Fed ID#: _____	**Fed ID#:** _____	**Fed ID#:** _____
Address: _____	**Address:** _____	**Address:** _____
Phone: _____	**Phone:** _____	**Phone:** _____
Contact: _____	**Contact:** _____	**Contact:** _____

Funding:

PCA	OBJ/SUB OBJ	FUND

FOR PROCUREMENT OFFICE USE ONLY

Procurement Coding: _____

Buyer's Signature: _____ **Date:** _____