Town of Berne: Requisition

Requestor	
Vendor	
Address	
City & State, Zip	
Email Address	
Phone Number	
Fiscal Year Required	
Purpose or Justification	
Department	
Contract or Bid Reference Number	
Budget Allotment	☐ **Expense is within adopted budget** ☐ **Expense exceeds adopted budget**
Estimated Quantity if Applicable	
Other Notes :	
TOTAL REQUESTED	**$**

REQUESTOR : I, _____, hereby certify that this requisition is made for the purpose stated and that the funds requested are necessary for municipal operations

_____ _____

Date **Signature & Title**

GRANTEE: I, _____, certify that funds have been verified as available within the adopted budget and are authorized to be encumbered for this requisition.

_____ _____

Date **Signature: Joseph Giebelhaus, Town Supervisor & CFO**

FOR OFFICE USE ONLY
Purchase Order No.: _____

Approved Amount: $_____

Date Processed: