

# DLG Purchase Request

Office	
Requester	
Vendor	

Have you received a quote from another source?       Yes       No

Fund Source \_\_\_\_\_ Date Needed

Item	Description	Quantity	Unit Price	Amount
<b>Explanation of Need</b>     				<b>Sub-total</b>
				Shipping Amt
				<b>Other</b>
				<b>Grand Total</b>

**Deliver To:**

Department for Local Government  
 1024 Capital Center Drive Suite 340  
 Frankfort, Ky 40601  
 Phone: 502-573-2382

Use Alternate Delivery Address

Address 1:		
Address 2:		
City:		
State:	Zip:	
Phone:		
Contact Name:		

**Signatures**

Requester : \_\_\_\_\_

Director : \_\_\_\_\_

IT Manager \* : \_\_\_\_\_

Executive Dir. FM&A : \_\_\_\_\_

Commissioner \* : \_\_\_\_\_

\* If applicable

- Commissioner's approval needed for purchases over \$1,000.00.
- Finance Cabinet approval needed for purchases over \$1,000.00.
- Attach all estimates or quotations. (Optional attach any additional product description or supporting documents.)
- Routing Order: Requester, Director, IT Manager, Executive Dir. FM&A, Commissioner, Fiscal Manager - Brad Vickers.  
cc Requester