PUR-DHS 1343
Revised 09/95

Please use a separate Requisition for State Contract and Non-State Items.

STATE OF MISSISSIPPI
Department of Human Services

REQUISITION
(Supplies, Equipment, Services, Lease/Rental, etc.)

RX# (Purchasing Use) _____
Date: _____

Blanket #_____

Fund	Org	ACTV	Rptg Cat	Loc	Qty	Unit	Item Description	Commodity Code	Object Code	Unit Price	Total Price	Vendor Name/ID#

Requestor _____ **Ship To**_____ **Grant # (If Applicable)**_____ **Job #**_____
Program _____ _____ **Availability of Funds** _____ **Budget Year**
_____
Location _____ _____
_____
Telephone No. _____
Approved By _____
Department/Agency Director

Entered By _____ **Date** _____ **Approved By** _____**Date** _____

White: Purchasing Green: Accounting Canary: File (Numeric) **Pink: Requestor** **Goldenrod: Requestor (Copy- Pending Procurement)**

*PLEASE DO NOT COMPLETE SHADED SECTIONS.

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