

## EQUIPMENT PROCUREMENT REQUEST FORM (EPRF)

Select Funding Source:

If Other, please specify:

Committee Requesting Purchase:

Contact Information:

Ship to (if different from contact):

Name:

Agency:

Address:

Email:

Phone:

Fax:

Name:

Agency:

Address:

Email:

Phone:

Fax:

Budget Task Number:

AEL Reference Number:

Workplan Project:

Item Description:

Comments:

Supporting Documentation:

Choose one:

Is the total cost of the equipment equal to or greater than \$20,000?

*Note: Any procurement over \$20,000 requires Omaha City Council approval*

Do you require a Purchase Order from the City of Omaha?

Committee (Co-) Chair Approval:

Signature, Title

Date

### City of Omaha Use Only

Fund

Project

Task

Org

Award

Account