PRODUCTS & SERVICES REQUISITION FORM

Minneapolis
City of Lakes

Form Submittal Instructions
1. E-mail form as an attachment to centralreq@ci.minneapolis.mn.us
Subject line should include Department Name & Vendor Name
2. Paper form to Central Requisitions & Receiving 325M City Hall
Questions on procedure contact **612-673-5555**

Click here to Print Form

Note: Have you considered Women and Minority-owned firms in making your vendor selection?

Ordered By

Name:
Department:
Location/Division
E-mail:
Phone:

Deliver to

☐ Same as Order By.

Name:
Department:
Location/Division:
E-mail:
Phone:

Order Priority: Medium
Date Form Submitted
Date Order Due

Vendor
Address
City
State
Zip Code
Phone
Contact Name

Vendor Status

Does a contract exist? ☐ Yes ☐ No

Vendor #:
Contract#
Category

Vendor Item#	Description-Keep Items & Services on Separate Lines	Quantity	Unit Price	Amount
			Sub-total	
			Grand Total	

Accounting Coding For Purchase

FUND: **DEPT** **ACCOUNT**

TASK **PROJECT**

ACTIVITY

CRR Requisition ID **Date Requisition Entered**