Caddo Parish Parks & Recreation
REQUEST TO PURCHASE

DATE:	REQUESTOR:	
DEPARTMENT/DIVISION:		
EVENT NAME OR SERVICE:		
ACCOUNT NUMBER:		
OFFICE COORDINATOR:		
Approved: ☐ Yes ☐ No	Signature:	Date:

PLEASE ATTACH APPLICABLE QUOTES

QUANTITY	*ITEM DESCRIPTION*	*PRICE*	*TOTAL*
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
		TOTAL	$ 0.00

ASSISTANT DIRECTOR	Approved: ☐ Yes ☐ No	Signature: Date:
DIRECTOR	Approved: ☐ Yes ☐ No	Signature: Date:

If not approved, please briefly explain:

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