

**CITY OF KEY WEST
REQUISITION AUTHORIZATION REQUEST**

FROM: _____

DEPARTMENT: _____

TO: _____

DATE: _____

ACCOUNT NUMBER / PROJECT CODE: _____

AMOUNT: _____

☐ New Purchase Order ☐ Change Order to Purchase Order No. _____

Justification: ☐ City Manager Authorization ☐ Resolution No. _____

Reviewed and Approved:

Requestor Signature

Date

Department Director

Date