

**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