



Department of Enterprise Services - 5WH

Title:

Description:

For who:

Location:

When needed:

Justification:

Item	Qty	Per Unit \$	Total
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Total spend:

Is this item budgeted: **Yes** **No** **Budgeted amount:**

**If not budgeted, describe
how item is to be funded?:**

Is this a renewal?: **Yes** **No** **Current expiration date:**

DIR Contract?: **Yes** **No** **DIR Contract #**

Account:

Submitted by:

Date: