Print Form

State of Ohio - Dept of Mental Health
Request To Purchase

MBE	EDGE
☐ Yes ☐ No	☐ Yes ☐ No

Ordered by (Name of Person and Dept/Office)	Date	Contract No.	
Order Approved by (Department Head / Office Chief)	Date	Index No.	Contract Expiration Date
Ship to (Name and Address)	Delivery Date	Release and Permit No.	
		Controlling Board No.	
Suggested Vendor (Name and Address)		IT Matrix No.	IT Split Code? ☐ Yes ☐ No
		OAKS Vendor ID No.	Addr. Seq.
Vendor's Contact Name and Phone No. ( )		Pay Terms:	

FUND CODING

Fund	ALI	Department	Program	Project (Capital)

Grant	Reporting	Agency Use (Capital)	Service Location (Capital)

Quantity Ordered	Unit of Measure	Item Description, Specifications and Justification	Unit Cost	Total Cost

Certification of Funds	Budget Section Approval	APO Approval / Date	Grand Total
Yes No	Date		
	FY / Qtr	Director's Approval / Date	
No Budget Exists	Initials		

Fiscal Administration Use Only

Approve for Purchase	Signature	Date
Yes No		

GEN-1038 (Rev 1/11)