

Medicaid and CHIP Payment and Access Commission
PURCHASE REQUEST

REQUEST DATE	DATE NEEDED	NAME & CONTACT INFORMATION OF SUGGESTED VENDOR					
REQUESTED BY:							
APPROVED BY:							
TO BE COMPLETED BY THE REQUESTOR							
BRIEF DESCRIPTION OF SUPPLIES / SERVICES				QUANTITY	ESTIMATED PRICE		AMOUNT
							TOTAL
TO BE COMPLETED BY FINANCE							
Accounting Data: Fund: _____ BBFY: _____ OC: _____ SOC: _____							
Funds Certification: _____ Date _____ Process Via: Purchase Card Purchase Order Contract							
MACPAC FORM PR-1 Revised 03/27/2020							