

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					