

Office of Consumer Credit Commissioner

2601 North Lamar Boulevard Austin, TX 78705-4207 Purchase Request Form

Directions: Use this form to request items not already available through supply. Requestor should complete and sign the form and forward it to their supervisor. Upon supervisor approval, the form will be forwarded to the chief accountant. Upon approval by the chief accountant, the form will be forwarded to the purchaser. A request may be denied at any level. The requestor may ask to receive a copy of the completed form showing the purchase order number and date of issue.

Recommen	ded Vendor						
			SHI gs				
Address: 2		290 Davidson Ave	Phone:	800-527-6	800-527-6389		
		Somerset NJ	Fax:	shanice_s	aunders@shi.co	om	
Class Item		Product number and/or br	rief description	Quantity	Cost per unit Extension		xtension
208	54	GoTo Webinar Professional	- 1 year renewal	1	\$1,529.00	\$	1,529.00
						\$	-
						\$	-
						\$	_
		1			Total	\$	1,529.00
Reason for	request:	DIR-TSO-4317					
Quote #238	885514						
Detail Desc	cription (RE	QUIRED if not indicated above):					
		,					
			lal-				
Requestor:		Thomas White	Thomas White		08/30/23		
Department:		IT			512-936-7650		
			proval	_			
Donartmont	t Supervisor			Data			
рерапшет	i Supervisor	·		Date:			
Accounting Manager:				Date:			
Purchaser:		Lori Tooley		Date:	08/31/2023		
PO Number	r Issued:	24-004		Date:	08/31/2023		
PCC Code:				_			
Accounting Only:		Comp Objt:		AY:			