

## 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						
Address:		Arthur J. Gallagher Risk I	Manageme Phone:	ent Services,	LLC		
Address.			Fax:				
Class	Item	Product number and/or brief description		Quantity	Cost per unit	E	xtension
953	56	Content/Property Insurance 05/2024 - 05/20	25	1	\$390.00	\$	390.00
						\$	-
						\$	-
						\$	-
					Total	\$	390.00
Reason for	request: Con	tent/Property Insurance renewal for agency					
Detail Desc	cription (REQUIR	ED if not indicated above):					
		17					
Requestor:		Alexandra Jones		_Date:	04/30/24		
Department:		Administration		Phone:	512-936-7640		
		Approval					
		Mirand Diamond		Б. 1			
Department	t Supervisor:	<u></u>		Date:			
Accounting Manager:				_Date:			
Purchaser:		Lori Tooley		_Date:	5/9/2024		
PO Number Issued:		466-24-086		_Date:			
PCC Code:		E		_			
Accounting (	Only:	Comp Ohit: 7204		ΔV·	2024		