



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.

Recommended Vendor

Arthur J. Gallagher Risk Management Services, LLC

Address: _____ Phone: _____
 _____ Fax: _____

Class	Item	Product number and/or brief description	Quantity	Cost per unit	Extension
953	54	Auto Insurance policy eff 11/1/23-11/1/24	1	\$727.62	\$ 727.62
953	54	Auto Insurance policy ext eff 10/1/22-11/1/23	1	\$47.18	\$ 47.18
					\$ -
					\$ -
Total					\$ 774.80

Reason for request: auto insurance policy

Detail Description (REQUIRED if not indicated above): agency auto policy thru SORM

Requestor: Alexandra Jones *AJ* Date: 11/27/23
 Department: Administration Phone: 512-936-7640

Approval

Department Supervisor: _____ Date: _____
 Accounting Manager: _____ Date: _____
 Purchaser: *Alexandra Jones* Date: _____
 PO Number Issued: 24-051 Date: 12/4/2023
 PCC Code: E

Accounting Only: Comp Objt: 7204 **AY:** 2024