

Kansas Highway Patrol PARTNERS Program Purchase Requisition



Department: _____

Date: _____

Contact Name: _____

Phone #: _____

Ship to Address: _____

Fax #: _____

Street: _____

Email: _____

City, Zip: _____

Requisition #: _____

(KHP Only)

Item Catalog # (When available)	Item Description	Qty	Unit	Unit Price	Total Amount	*CRP/Unit
	Sub-Total					
	Shipping and Handling					
	GRAND TOTAL					

PARTNERS cost savings \$ _____

Price confirmed by: _____
(Print vendor's contact name)

Date: _____

This order is placed pursuant to the State and Local Law Enforcement Equipment Procurement Program ("1122 Program") in support of counter-drug activities, under the authority of the State Point of Contact (SPOC) for the State of Kansas.

Make Checks Payable To:
KHP PARTNERS
Mail To:
PO Box 2339
Topeka, KS. 66601

Point of Contact Signature: _____

Department Check # _____

Printed Name & Title: _____

Check Amount \$ _____

*CRP – Denotes Comparable Retail Price for cost comparison purposes to vendor you would have normally used to make the purchase.