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| MISSOURI STATE RECYCLING PROGRAM REQUEST FORM **This form can be completed on-line and e-mailed to recycling@oa.mo.gov or; fax to the Recycling Program at (573) 751-7819.**  **All payments must be addressed to: OA/GS/Recycling Program | Truman Bldg – Room 760 | PO Box 809,**  **Jefferson City MO 65102** | |
| **DATE** | **REQUESTOR’S AGENCY** |
| **REQUESTOR’S NAME** | **REQUESTOR’S PHONE NUMBER** |
| **ITEM DESCRIPTION**  **(include quantity and cost per item)** | **ITEM ON CONTRACT**  NO  YES  CONTRACT NO. |
| **ESTIMATED COST OF PURCHASE**  **(include estimated freight charges)** |  |
| **VENDOR NAME** | **VENDOR NUMBER** |
| **REASON FOR PURCHASE (State how this purchase will assist in your agency’s current recycling efforts.)** | Please enter reason for purchase here: |
| ***Purchase should be made within 30 days of approval date. Also*, invoice *should be sent to the Recycling Program within 30 days of receipt.*** | |
| FOR DPMM USE ONLY | |
| APPROVAL NUMBER | APPROVAL DATE |