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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       |