 **Request for Internal Services Quote**

It is imperative that this Quote is completed before any goods are supplied or services performed on behalf of the Purchasing Business Unit.

**Buyer Initiated Details:** (*Please specify all information clearly.)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date RISQ raised** |  | | | **Purchasing Business Unit** | | | | | |  | |
| **Finance Officer** |  | | | **Phone** |  | | | **Email** | |  | |
| **Description of Goods or Services Purchased** |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | **Estimated Amount** | | | |  |
| **Enter Chartfields:** *(Optional)* | | | | | | | | | | | |
| **Operational Unit** | **Site** | **Fund Code** | **Function** | | | **Expense Account** | | | **Project ID** | | **Free Form Tag** |
|  |  |  |  | | |  | | |  | |  |
| **Operational Unit** | **Site** | **Fund Code** | **Function** | | | **Expense Account** | | | **Project ID** | | **Free Form Tag** |
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**Authorisation of Expenditure:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Approved** | Yes  No | | **Budget Holder** | | |  | | | | | | |
| **Signature** |  | | | | | | | **Date** | |  | | |  | |
| **Charge Approved** | Yes  No | | **Financial Delegate** | | |  | | | | | | |
| **Signature** |  | | | | | | | **Date** | |  | | |
| **Seller Pricing Quote:** (*Please specify all information clearly.)* | | | | | | | | | | | | |
| **Date of Quote** |  | | | | | **Billing Business Unit** | | | | |  | |
| **Quoting Officer** |  | | | **Phone** | |  | **Email** | | | |  | |
| **Description of Goods or Services Provided** |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Amount** |  | | | | **Sellers Reference** *(e.g. Job #)* | | | |  | | | |
| **Operational Unit** | **Site** | **Fund Code** | **Function** | | **Revenue Account** | | | | **Project ID** | | | **Free Form Tag** | |
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