REQUEST FOR PURCHASE DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE

SFN 78 (6-2024)

INSTRUCTIONS: Use one form for each type of request or vendor. This is an internal HHS form used for ordering or payment:

- 1. Any item not available from Central Supply i.e. books. films, office equipment and furniture.
- 2. Prepaid fees i.e. subscriptions, membership dues, (attach billings), refunds, workshops (attach brochure showing agenda and registration form), reimbursement for postage meter.
- Equipment Repairs (attach billings).
 Information on this form should be typewritten or legibly printed.
- 5. Do Not Use to reimburse non-HHS employees for expenses, use SFN 10230 or contract services, use SFN 1765 instead.

Vendor Name						
Vendor Address	s (line 1)					
Vendor Address (line 2)		City	State	tate ZIP Code		
ITEM NO.	QUANTITY	C	DESCRIPTION	UNIT	UNIT PRICE	
Charge To: (Lis	ΤΟΤΑΙ	TOTAL				
Approval (1. Pro 1.	ogram and/or 2. D	Division/Section Director) Date	2.	L)ate	
Prepared By	Date					

TO BE COMPLETED BY FINANCIAL OFFICE ONLY

Accounting Period Date	Dept. ID	Account	Class	Fund	Project ID	Activity ID	Resource Type	Resource Category	Amount

SUBMIT ORIGINAL WITH SIGNATURES AND PROPER DOCUMENTATION AND ONE COPY (TO SEND WITH PAYMENT) TO FINANCE



Reason for Request