



Office of the Secretary  
**Town of Clayton Fire District**  
**Purchase Requisition Form**

TCFD-9002

E: claytonfiredistrict@gmail.com  
P: (315) 783-0308  
F: (888) 511-0497

Town of Clayton Fire District  
PO Box 237  
Clayton, NY 13624

**Voucher/Bid Monetary Thresholds:**

Purchases	Verbal Quotes	Written Quotes
Under \$500	None Required	N/A
\$501-\$2,999	Two (2) Verbal Quotes	N/A
\$3,000-\$4,999	N/A	Two (2) Written, Fax, E-Quotes
\$5,000-\$9,999	N/A	Three (3) Written, Fax, E-Quotes
Insurance	Three (3) Written quotes, unless the quote is a renewal	
Professional Services	Obtained from evaluation of proposals from qualified sources	

Date:

Budget Line:

Item Being Requested:

New or Replacement:

Make/Model:

Expected Useful Life:

Quantity:

Annual Maintenance Cost:

Description/Usage/Function:

Vendor	Qty	Unit Price	Shipping	Extended Price

\_\_\_\_\_  
**Department Head Signature**

\_\_\_\_\_  
**Print**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Signature**

\_\_\_\_\_  
**Print**

\_\_\_\_\_  
**Date**

**Approved    Disapproved**