

STORE #

Inventory Purchase Request Form

DATE

Dealership Name/ Company:

Invoice or Reference Number:

Dealership / Company Phone Number:

Dealership/Company contact person:

Customer Damage (\$ Amount **MUST** be under \$200, unless approved by CLAIMS DEPARTMENT.

Customer Resale (with one time vendor PO for wheels & tires).

One Time Vendor PO #

Amount \$:

Requested By (Employee Name):

Authorized By Whom:

Notes: