

Kansas Highway Patrol
PARTNERS Program
Purchase Requisition



Ordering Agency _____	Date _____
Contact name _____	Phone# _____
Ship to Address _____	Fax# _____
Street _____	E-Mail _____
City, Zip _____	Partners Req# _____ PP- _____

Manuf Stock#	Description	Qty	Unit	Unit Price	Total Amount	*Retail Value Unit Price
Sub-Total						
Shipping and Handling						
Total						

PARTNERS Cost Savings _____

Price Confirmed By _____ Date _____

This order is placed pursuant to the State and Local Law Enforcement Equipment Procurement Program (1122 Program) in support of counter-drug activities under the authority of the State Point of Contact for the State of Kansas.

Make checks Payable to
and mail to:
KHP PARTNERS
PO Box 2339
Topeka KS 66601

Point of Contact Signature _____

Printed Name and Title _____

Ordering Agency Check # _____

Check Amount _____

* Retail Value is the price you would have normally paid to purchase products outside of PARTNERS program