



DEPARTMENTAL REQUISITION

To be completed by Fiscal Office

Department Name _____
 User _____
 User Phone _____ Mail Stop _____
 Account Name _____
 Account Number _____

User Reference No. _____
 Requisition Number _____
 Buyer _____
 PCC _____ Route _____
 Bid _____ P.O. _____

*My Department needs the following service, equipment, or supplies.
 It is understood that these items, including labor, may be charged against my budget.*

Item Number	Description	Quantity	Unit of Measure	Unit Price	Extend Price

Vendor Reference

PIN Number: _____ (SSAN/TIN)

Company Name: _____

Mail Address: _____

City, State, Zip: _____

Phone _____ Fax _____

_____ Date

_____ Account Manager

_____ Approval Date

_____ Approval-President, Fiscal Officer

Make Requisitions in quintuplicate. Keep last copy for departmental file and forward first four copies to Fiscal Office.