



DEPARTMENTAL REQUISITION

To be completed by Fiscal Office

Department Name _____ User Reference No. _____
 User _____ Requisition Number _____
 User Phone _____ Mail Stop _____ Buyer _____
 Account Name _____ PCC _____ Route _____
 Account Number _____ 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