



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: _____

_____ Date

Mail Address: _____

_____ Account Manager

City, State, Zip: _____

_____ Approval Date

Phone _____ Fax _____

_____ Approval-President, Fiscal Officer

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