



# 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.