TRINIDAD STATE JUNIOR COLLEGE

Trinidad, CO 81082

REQUISITION

FOR OFFICE USE ONLY

DATE:_____ VENDOR NO.:_____

ORDER FROM:_____

_____

_____

FUND NO.:_____

P. O. NO.:_____

DATE.:_____

ORDER TO BE DELIVERED TO:_____

ROOM NO.:_____ BUILDING:_____

ATTENTION:_____ PHONE NO.:_____

PURPOSE - DIVISION:_____

_____

OBJECT:_____

QUANTITY	ITEM DESCRIPTION	UNIT COST	NET AMOUNT
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
		TOTAL	$ 0.00

SIGNED BY: _____

DEPARTMENT HEAD & SUPERVISORS APPROVAL

SPECIAL INSTRUCTIONS AND/OR ADDITIONAL INFORMATION

_____ DATE OF CALL

_____ BUYERS INITIALS

NAME: _____ ADDRESS: _____ VENDOR REP: _____ VENDOR PHONE: _____	QUOTE, TERMS & DELIVERY DATE
NAME: _____ ADDRESS: _____ VENDOR REP: _____ VENDOR PHONE: _____	QUOTE, TERMS & DELIVERY DATE
NAME: _____ ADDRESS: _____ VENDOR REP: _____ VENDOR PHONE: _____	QUOTE, TERMS & DELIVERY DATE

APPROVAL: _____

PURCHASING AGENT

1. WHITE: ORIGINAL TO PURCHASING 2. YELLOW: TO SUPERVISOR'S FILE 3. PINK TO DEPARTMENT FILE

REVISED 2/08