PLEASE READ CAREFULLY BEFORE FILLING OUT THIS REQUISITION

1. All requests for purchases or allocations, of any kind are to be initiated on this form.

2. All requests to purchase require a purchase order.

3. A direct purchase without a purchase order may be made **ONLY IN AN EMERGENCY** to prevent a breakdown in necessary institutional services.

   When such purchases are necessary, they must be reported on this form (including a justification for the purchase) the next business day, in order that a confirmation order may be placed immediately.

4. A minimum of three (3) bids is required for purchase orders over $2,000.00.

   A purchase order must be issued by the Community Activities Office, in advance of any purchase.

5. All receipts, invoices, etc. should be attached to this form for payment.

6. All requests for special needs (payment by certain date, mailing check, holding check, etc.) should be noted in the “notes” section of this requisition.

**NOTE:** ALL GRAPHICS FOR PURCHASE ORDERS MUST BE SUBMITTED ON A SEPARATE FORM ALONG WITH REQUISITION.
Check (x) Appropriate Item Below:
- Request for Deposit: 
- Request for Payment: 
- Request to Purchase: 

<table>
<thead>
<tr>
<th>NAME OF ACCOUNT</th>
<th>ACCT #</th>
</tr>
</thead>
</table>

**LINE ITEM EXPENSE / CHARGE DESCRIPTION:**

**REQUISITIONS MUST BE IN THE COMMUNITY ACTIVITIES OFFICE BY TUESDAY AT NOON IN ORDER TO BE CONSIDERED FOR THE CURRENT WEEK'S CHECK RUN, FOR PICK UP AFTER 10:00 AM FRIDAY**

Include name, address, zip code and fax number of firm. If valued at $2,000 or greater, bids must be attached.

**VENDOR / PAYEE:** NAME - ADDRESS - FAX - PHONE:  
**SHIP TO ADDRESS (FOR PO'S ONLY):**

**PHONE #:** 
**FAX #:**

SPECIAL INSTRUCTIONS:

**NOTE:** PO's will be faxed or mailed unless otherwise noted

<table>
<thead>
<tr>
<th>QTY</th>
<th>DETAILED DESCRIPTION OF TRANSACTION</th>
<th>UNIT PRICE</th>
<th>TOTAL AMT</th>
</tr>
</thead>
</table>

**NOTES** (ie. "will pick up check", needed by dates, mail with forms, etc.):

**Check Total:**
**Cash/Coin Total:**
**Deposit Total:**

Requested by:  
Faculty Advisor/Administrator:  
Signature  
Telephone #  
Signature  
Telephone #  

**COMPTROLLER**

**DATE DUE:**  
(office use)

**PO #:**  
(office use only)