



# 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