Requisition Form

San Carlos Apache College
1 San Carlos Ave., Bldg.3, San Carlos, AZ, 85550
Tel (928) 475-2016
Fax (928) 475-2018

☐ PURCHASE ORDER ☐ PAYMENT- PO#_____ ☐ REIMBURSEMENT

VENDOR NAME: _____

DATE: _____

JUSTIFICATION: _____

INVOICE/QUOTE#: _____

Division - Department:_____

_____

Account Number: _____

Budget / Project: _____

Class: _____

Quantity	Description (Model, Color, Size,etc.)	Unit Price	Total

Tax	
Total	

Check will be picked up: _____

Check needs to be mailed:_____

To this Address: _____

Presidents Initials: _____

Approval Signatures

Executive Assistant Print Name _____ Date: _____

Executive Assistant Name / Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Finance VP Signature: _____ Date: _____