VOLUNTEER STATE COMMUNITY COLLEGE

REQUISITION FOR PURCHASE

Please Forward to Purchasing and Contracts Department

REQ. NO._____ REQ. DATE __/__/__

FUND _ _ _ _ _ _ ORGANIZATION _ _ _ _ _ _ ACCOUNT _ _ _ _ _ PROGRAM _ _ _

INDEX CODE _ _ _ _ _ _

DEPARTMENT _____DATE DELIVERY REQUIRED_____

DELIVER TO_____
BUILDING ROOM NUMBER CONTACT PERSON

ITEM NO:	QTY.	UNIT	DESCRIPTION OF ARTICLE & UNIT OR SERVICE	UNIT COST	EXTENDED COST
				TOTAL COST	

Suggested Vendors: PLEASE GIVE VENDOR NO., NAME, ADDRESS

(1) _____
(2) _____
(3) _____
(4) _____
(5) _____
(6) _____

I CERTIFY FUNDS ARE AVAILABLE TO COVER PURCHASES REQUESTED ABOVE

_____ _____
Requisitioner Date Vice President Date

_____ _____
Dean / Department Head Date Business & Finance Date

_____
President Date