NSTRUCTIONS: This request must bear all necessary approval signatures and be complete before it is presented to the Bursars Office. Make sure you include sales tax and shipping. Retain a copy for your files. Please note that Trust & Club accounts do NOT have Org & Program numbers. INCORRECT REQUEST FORMS WILL BE RETURNED.

 **PURCHASE REQUISITION**

 **Fullerton College Bursar’s Office**

| Fund:  | Organization:  | Account:  | Program:  |
| --- | --- | --- | --- |
| Account Description:  |
| Requested by:  | Date: 8/26/2022 |

|  |
| --- |
| **VENDOR INFORMATION:** |
| Name |  @ |
| Address |  |
| City, State, Zip |  |
| **Special Instructions:**\_\_\_\_\_Will call for PO | \_\_\_\_\_Will call for check | \_\_\_\_\_Journal entry |
| \_\_\_\_\_Mail PO to vendor | \_\_\_\_\_Mail check to vendor |  |

|  |  |  |
| --- | --- | --- |
| Quantity |  Description of Article or Service Required | Amount |
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|  |  |  |
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|  |  |  |
|  |  |  |
|  |  Sales Tax |  |
|  |  Estimated Total |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Approvals:** |  |  |  |

Club/Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Life Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_8/26/2022\_\_\_\_

Division Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Office Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_