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 | |

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| --- | --- | --- | --- | --- |
| **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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|  |  |  |
|  | Sales Tax |  |
|  | Estimated Total |  |

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

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

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

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

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

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