BLINN COLLEGE PURCHASING REQUEST

			tion in duplicate. Retain the second copy for your files. S provals. Please type information and give complete details.			
Date		equired signature up				
Ad Cit Ph Ve Delive De	dress y one # ndor Email ries are mail liver to the	State Zip Fax # Attention iil nade to the Central Shipping/Receiving Plant. e attention of: Building Room			 Purchase Order Check Request P-Card 	
Required Delivery Date Item Quantity Catalog No. Description of Item					Unit Cost Extension	
No.						
						\$0.00
						\$0.00 \$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00 \$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
			Shipping and handling charges			
Name of Division Campus Location TOTAL \$0.00 Requested Item(s) Budgeted? Yes No If NO, please attach justification. Budget Account(s) to be Charged						
Requisition Signature Date _						
Level I – Budget Manager Date (\$0 - \$9,999)						
Level II – Vice President				Date		
Level III - VP for Finance and				Date		
Level IV- President(\$50,000 and above)				Date		
Foundation Approval				Date		
Marketing Approval				Date		
Club Sponsor Approval				Date		