

PURCHASE REQUISITION

Req. No:		Date of Req. No.	
Dept:		Date Needed:	
Originator		Mail Code:	
Ext.		Fiscal Year	

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Purchasing Office Use Only

Document No:	
Date of Order:	
Vendor No:	
Purchase No:	
FAS Code:	
Buyer:	

Authorized Signatures

Chairman:	
VP/Dean:	
Business Office:	

Funding

A = KCC Assn.
 Aux = Auxiliary
 C = Capital
 F = KCC Foundation

Is this Requisition to: (check one)

- INCREASE
 DECREASE
 CANCEL
 OR CHANGE, AN EXISTING PURCHASE ORDER?

IF YES, PO No:

Item#	Description	Unit	Quantity	Unit Price	Amount

Name and Address of Suggested Vendors:

Sub-total
Shipping
Requisition Total

Clock in Below: