OHLONE COMMUNITY COLLEGE DISTRICT
PURCHASE REQUISITION FORM

OHLONE COLLEGE

REQUISITION NUMBER:	

CHECK APPLICABLE	
PO	
BPO	
CONTRACT	

PLEASE NOTE: This document may not be used to purchase materials or services from a vendor

DATE:	ACCOUNT CODE (INCLUDE ALL 24 DIGITS):		REQUESTED BY:
DATE DELIVERY REQUIRED BY:	DELIVER TO:	ROOM #:	QUOTE #:

TYPE OR PRINT LEGIBLY

QUANTITY	UNIT	PART #	DESCRIPTION	ESTIMATED UNIT PRICE	EXTENSION PRICE

SUGGESTED VENDOR				
	Vendor ID:	SHIPPING		
		SUB-TOTAL		
		TAX		
		TOTAL		

_____ _____ REQUISITIONER DATE	_____ _____ BUDGET MANAGER APPROVAL DATE
_____ _____ I.T. MANAGER APPROVAL (IF APPLICABLE) DATE	_____ _____ VICE PRESIDENT APPROVAL (IF APPLICABLE) DATE

FOR BUSINESS OFFICE USE ONLY - DO NOT WRITE IN SHADED AREA

PURCHASING		ACCOUNTING	
DATE	REMARKS	DATE	POSTED BY
		UNENCUMBERED BALANCE: $	BUDGET TRANSFER:
F.O.B.:	SHIP VIA:		
CONFIRMING:	DELIVERY DATE:		
PO #:	TERMS:		

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