

BISHOP STATE COMMUNITY COLLEGE

MAIN CAMPUS
351 NORTH BROAD ST.
MOBILE, ALABAMA 36603-5898

- Main Campus
- Baker-Gaines Central Campus
- Carver Campus
- Southwest Campus

REQUISITION

SUGGESTED VENDOR

NAME: _____

NUMBER: _____

DATE _____

FROM DEPARTMENT OF _____

ACCOUNT # _____

PURCHASE ORDER # _____

ITEM	DESCRIPTION	QUANTITY	UNIT COST	TOTAL COST

THE FOLLOWING ITEMS WILL BE USED FOR:

SUBMITTED BY: _____

DATE _____

I HEREBY CERTIFY THAT FUNDS ARE BUDGETED FOR THE ITEMS ABOVE AND THAT PURCHASES ARE MADE IN ACCORDANCE WITH TERMS AND CONDITIONS SET FORTH BY GRANT AWARDS AND/OR STATE REQUIREMENTS.

APPROVED BY: _____

OFFICE, DEPARTMENT HEAD OR DIVISIONAL CHAIRPERSON

DO NOT WRITE BELOW THIS LINE

BUSINESS OFFICE ACTION	BUSINESS MANAGER	PURCHASING AGENT
AVAILABLE (YES) _____ (NO) _____	APPROVED: _____	CONFIRMATION OK
SIGNATURE: _____	DISAPPROVED: _____	SIGNATURE: _____
COMMENTS: _____	SIGNATURE: _____	COMMENTS: _____
_____	COMMENTS: _____	_____