



# PURCHASE REQUISITION

Date	ASUCD Student Services Office Use: - - - - -
Unit Name	PO Number
Account & Line Item to be Charged	Date
Contact Person	
Phone Number	

<b>VENDOR</b>			
Name		Taxpayer ID #	
Street Address			
City	State	Zip Code	
Phone Number			

**THE ITEMS LISTED BELOW WILL BE USED FOR THE FOLLOWING PURPOSE :**

Quantity	Unit Cost	Total Cost	Description of Materials or Services
Sales Tax	x 0.0750		
Freight			
Total		\$	Not to Exceed : \$

UNIT DIRECTOR

BUSINESS MANAGER / CONTROLLER