

# PURCHASE REQUISITION

Req. No:

Dept:

Originator

Ext.

Date of Req. No.

Date Needed:

Mail Code:

Fiscal Year

## Authorized Signatures

Chairman:

VP/Dean:

Business Office:

**Funding**

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

Purchasing Office Use Only

**Document No:**

**Date of Order:**

**Vendor No:**

**Purchase No:**

**FAS Code:**

**Buyer:**

**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:**

<b>Sub-total</b>
<b>Shipping</b>
<b>Requisition Total</b>

**Clock in Below:**

**Handwritten Requisitions Will Be Returned To Originator  
Please Make A Copy For Your Files**