

Santa Monica Community College District REQUISITION

Fiscal Year:

IT/Media/Facilities Approval: _____

Requisition No: _____

Department: _____

Fiscal Services Use Only: _____

Location No.: _____

Requestor: _____
Printed Name Signature Ext. Date

Purchasing Use only: _____

Approver: _____
Printed Name Signature Ext. Date

VP: _____
Printed Name Signature Ext. Date

Deliver To Dept.: _____
 Name/Ext.: _____

Fiscal Svcs: _____
Printed Name Signature Ext. Date

Bldg. Rm.: _____

STANDARD COMMENTS/NOTES

FUND	RES. PRJY	GOAL	FUNC/LOC	OBJECT	SCH/LOC/ACTIVITY	AMOUNT

LINE NO.	QUANTITY	UOM	UNIT PRICE	EXT PRICE	CATEGORY	DUE DATE
1						
Item Description						

LINE NO.	QUANTITY	UOM	UNIT PRICE	EXT PRICE	CATEGORY	DUE DATE
2						
Item Description						

LINE NO.	QUANTITY	UOM	UNIT PRICE	EXT PRICE	CATEGORY	DUE DATE
3						
Item Description						

SUGGESTED SUPPLIER:			
Name:	Extension Price:		
Address:	*Tax:		
City, State, Zip:	*Shipping:		
Telephone:	Fax:	Total:	
Contact:	Email:		

*Note: For your internal reference only. In PSFS tax and freight are encumbered only on the Purchase Order.

Santa Monica Community College
PURCHASE REQUISITION CONTINUATION FORM

Requisition No: _____

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
4						
Item Description						

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
5						
Item Description						

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
6						
Item Description						

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
7						
Item Description						

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
8						
Item Description						

Line No.	Quantity	UOM	Unit Price	Ext Price	Category	Due Date
9						
Item Description						

NOTES:

SUBTOTAL: