MINNEAPOLIS COMMUNITY AND TECHNICAL COLLEGE

REQUISITION FOR PURCHASE

THIS IS NOT A PURCHASE ORDER

When completed, do you want this order to be PHONED, FAXED, MAILED or RETURNED TO YOU?			
Cost Center	Dept PO #	Amount	State Contact #

Vendor Name and Number _____

Address: _____

City, State, Zip: _____

Deliver to:	Date Needed:

Line No.	Object Code	Qty	Complete Description	Catalog Model #	Unit (ea)	Unit Price	Disc.	Net Amount
01								
02								
03								
04								
05								
06								
07								
08								
09								
10								
			*** Vendor Shipping Price**					

*** Do not instruct vendor to ship until approval is given.**

TOTAL

For bids over $10,000.00, did you check for TG/ED vendors? ___ **Yes** ___ **No**
Did you receive more than one quote? ___ **Yes** ___ **No**
If bids were attained, please attach bid documentation.

Requested by: _____

Signature Print Name Date Phone

Authorized by: _____

Signature Print Name Date Phone

Contact Person (if different than "requested by"): _____ Phone: _____

Upon receipt & inspection of goods, please approve packing slip and forward to Finance Division.