

Cuesta College General Requisition

Suggested Vendor Information:

Name: _____

Address: _____

Ph: _____ Fax: _____

Contact email: _____

Banner ID: _____ New? _____

Equipment Status: ___ New ___ Replace

Disposal? ___ Surplus ___ Reuse

Requestor Information:

Requested by: _____ Ext: _____ Date: _____

Dept. / Div. : _____ For use by: _____ Room# _____

Date Required: _____ Deliver to: ___ SLO Campus ___ NC Campus ___ Nothing Ships

Work Order #: _____

Comments: _____

| |
|--|
| Direct Pay ? Yes <input type="checkbox"/> <i>ATTACH INVOICE</i> |
|--|

PO# _____

Ordered by: _____

Confirmation # : _____

| Line Item | Quantity | Unit/M | Part # & Description | Unit Cost | Extended Cost (Qty x Unit Cost) |
|-----------|----------|--------|----------------------|-----------|---------------------------------|
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IT Activity Code:

| District Account Number(s): | Approvals (if applicable) | Approvals (required) |
|-----------------------------|---------------------------|----------------------|
| | IT: | |
| | Facilities: | |
| | DIR # : | |
| Budget Approval: | Purchasing: | |