RESET

Requisition For Equipment, Supplies, Apparatus and Service

No. _____

Chabot-Las Positas Community College District

Chabot ☐ Las Positas ☐ District ☐

Requestor _____ Department _____ Date _____

Delivery Required By: _____ **Room #:** _____

(If Capital Outlay, Room # Required)

Only One Vendor Per Requisition

Suggested Vendor (Address & Contact Information)

Description (Model No., Size, Color, etc…)	QTY	Estimated Unit Price

Notes:

Shipping _____

Tax _____

Labor/Installation _____

TOTAL $ 0.00

Account #: _____

Purchasing Office Use Only

Purchased From	Unit Price	Total

F.O.B. _____ Terms _____ Quote _____

Business Office Signature _____

Division Dean Signature _____

Vice President Signature _____