

# Requisition For Equipment, Supplies, Apparatus, and Service Req. No. \_\_\_\_\_

Chabot-Las Positas Community College District

Chabot     Las Positas     District

\_\_\_\_\_ **Requestor**

\_\_\_\_\_ **Department**

\_\_\_\_\_ **Date**

**Purchasing Office Use Only**

**Delivery Required By:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

(If Fixed Asset, Room # Required)

**Only ONE Vendor Per Requisition**

**SUGGESTED VENDOR (Address & Contact Information)**

**W#** (if known):

Purchased From	Unit Price	Total

DESCRIPTION <small>(Model No., Size, Color, etc.)</small>	UNIT <small>(ea, Box, etc.)</small>	QTY	UNIT PRICE	TOTAL

**Notes:**

**Shipping/Handling** \_\_\_\_\_

**Tax** \_\_\_\_\_

**Labor/Installation** \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Account #:** \_\_\_\_\_

F.O.B.	Terms	Quote
Business Office Signature _____		

\_\_\_\_\_ **Division Dean Signature**

\_\_\_\_\_ **Vice President Signature**